STATE OF COLORADO

END-OF-YEAR REPORT

Prepared for

HEW Contract #SRS-500-75-0031

Contract Year 1976-1977

By

Community Health Foundation

Evanston, Illinois

June, 1977

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the State would be brought into compliance with Federal regulations. The plans for the new Outreach and Case Management program are now being processed through the DSS administrative system. The target date for the onset of this plan is October 1, 1977.

The concept, details and final proposal for the design were developed by several members of CHF's technical staff, one working half-time in Colorado in cooperation with several members located in Evanston. In addition to developing the shared responsibility model for case management, CHF staff clarified objectives for the State in all the other components of the program. These objectives were submitted to the State along with a draft policy and procedures manual which will be finalized and distributed to all counties upon the signing of the contract with the Department of Health.

Changes in the data processing system are being implemented to support the new design until the time when the proposed MMIS system is in operation.

designated one person to act as EPSDT coordinator to facilitate implementation of the EPSDT activities. There are no direct lines of authority between the county coordinators and the State Medicaid staff. However, to assist county coordinators in their management of the program, an EPSDT Policy and Procedures Manual is being produced which will define goals established by the State and specific procedures to be undertaken in accomplishing these goals.

IDENTIFICATION AND NOTIFICATION OF ELIGIBLES

Initial notification takes place at intake and this function is performed by social service workers. Subsequent notification of eligibles, which is now being done in many counties, is conducted during the recertification home visit. At that time, EPSDT services are explained and the clients are asked to sign a form which indicates that the clients have been offered the services, that they do or do not want to participate, or that they want further information. At the present time, each county uses its own form for this purpose and there is no consistency in reporting.

IDENTIFICATION OF RESOURCES

No changes have been made at the state level in this component of the program during the past year. Active provider lists are maintained by the counties and responsibility for updating these lists remains with county personnel. Unfortunately, these lists rapidly become out-of-date and are

infrequently updated.

SCREENING, DIAGNOSIS AND TREATMENT

While the Medicaid Division did not make any changes in these components nor establish any quality control mechanisms, the State Human Services Council did recognize the need for coordinating all screening programs and for establishing performance standards. This Council, consisting of the Governor, the heads of all of the Human Service agencies, and other selected resource persons, named the Department of Health as the lead agency to work toward accomplishing these tasks. (CHF was asked to place a representative on this Council.)

The shared responsibility concept, which is the core of the new design for the EPSDT program prepared by CHF, is in keeping with the State's plans for such program coordination and the use of this plan will be the State's first step toward upgrading the quality of all screening programs and toward integrating these programs.

OUTREACH, CASE MANAGEMENT AND FOLLOW-UP

Anticipating a major redesign in the case management component of EPSDT, the State provided little, if any, support for the counties to engage in these activities. Thus, temporarily, case management will be carried out by local social service agencies in the manner they feel it can best be accomplished.

The State focused efforts on developing a new design

for outreach, case management and follow-up which will incorporate the activities delineated in the "Colorado Case Management Working Paper" which CHF prepared for the State. Most of the concepts presented in this paper were incorporated in the proposal for providing outreach, case management and follow-up which the Department of Health submitted to the Department of Social Services.

With the implementation of the new Outreach, Case Management and Follow-up program design, a standard form will be developed by the State and will be used by social service workers to inform the county health departments about those clients who want information and those who have accepted the services. Outreach workers from the Health Department then will contact the client to give a more detailed explanation of the program's services or to offer assistance in making a screening appointment, etc. These health workers will also track the client's progress through the EPSDT process and will handle all case management activities required for the program.

Clients who initially decline the service but later wish to participate will be asked to contact the Health Department or to go directly to their Medicaid provider. In any case, the name of everyone who has received a screening will eventually appear on the computerized list printed by the fiscal intermediary, Blue Cross/Blue Shield. The Health Department will receive this list and will be responsible for offering continued assistance to those clients who may not have signed the initial form indicating a desire to participate.

At the present time, transportation usually is not offered to the client as an EPSDT service. In the new program design for outreach and case management, the Health Department will be given the responsibility of offering transportation and, subsequently, billing DSS if transportation is provided.

DATA SYSTEMS

The fiscal intermediary, Blue Cross/Blue Shield, has been instructed to produce computer reports designed to be of assistance to county coordinators in performing follow-up services. As soon as this system can be changed, these reports will be printed every month rather than quarterly and will include the household number of the client, the case-worker number and the dates of treatment in addition to the current screening information. These lists will be purged regularly to show only current eligibles rather than a lengthy accumulation of eligibles.

III. TECHNICAL ASSISTANCE PROVIDED

BACKGROUND

Because the Colorado EPSDT program had demonstrated substantial and continuing deficiencies with case management since its inception, the Colorado Department of Social Services (DSS) requested a unique type of assistance from Community Health Foundation for the 1976-77 year, to serve as a change agent in a major restructuring of the EPSDT program.

This restructuring project required a high level of commitment from CHF and a heavy concentration on analyzing the processes involved in planning for organizational changes. Goals and objectives for the EPSDT program had to be established and made clear to staff at both the State and county levels. Since the EPSDT program responsibilities were dispersed throughout various divisions of the DSS, these divisions had to be informed and their activities coordinated in overall efforts to establish an identifiable EPSDT unit.

Basic EPSDT issues needed to be explored and resolved by the decision-makers in the DSS. Policies had to be clarified and established so that specific procedures could be written. A state plan of action to overcome compliance issues needed to be developed. The program components necessary to

implement a new design needed to be understood and approved by the Medical Advisory Board and Board of Social Services. A substantial amount of additional funds had to be obtained. Potential barriers and conflicts had to be anticipated and resolved before a new plan could be implemented.

Furthermore, the new design had to be introduced to county personnel and providers so they could have input into the planning process. The Regional Office needed to be kept informed of progress to ensure that the new plan would comply with Federal requirements and qualify for the 75 percent match available for support services.

In conjunction with these activities, a policy and procedures manual for county personnel needed to be developed to clarify all the elements of the program and specify what procedures the new plan would require.

Responsibility for bringing about this major change in the EPSDT program for Colorado rested almost entirely with CHF, because of the acute problems the Department of Social Services experienced throughout the year. The range of problems included political, administrative and financial. The new Medicaid director was not familiar with the EPSDT program and problems; furthermore, the Medicaid Division was without an assistant director for most of the year and the assigned EPSDT Coordinator had little, if any, authority to make decisions.

ACTIVITIES

CHF's technical assistance and involvement with Colorado's

EPSDT program was continuous throughout the 1976-77 contract year. CHF's activities can be grouped, as listed below, to indicate major stages in the development of the new program design for Outreach and Case Management.

Developing Goals and Objectives for the Program

To establish appropriate goals and objectives for each component of the program, the input and participation was required of State and local social service agencies, private providers, the public health sector, the fiscal intermediary, and all other personnel potentially involved with the many aspects of the EPSDT program.

To solicit this input, CHF organized an EPSDT Advisory Committee Conference in October 1976. Representatives from the State and local agencies, as well as from the Regional and National HEW Offices, attended the two-day meeting. CHF conducted an open discussion centered on a series of recommended goals and objectives which CHF had prepared and presented to the group. (See Attachment A for a summary of the conference.)

Further development of these objectives took place in later meetings with the administrative staff of the Department of Social Services.

Exploring and Resolving Basic Issues

Before the policies and procedures could be developed for the new program design, certain issues critical to the successful implementation of each component had to be explored and resolved by those with the authority in the various divisions

of the DSS to make such decisions.

To assist in the decision making process and to further involve the Department's staff in the planning process, CHF prepared a series of worksheets which required answers to specific questions for each component of the EPSDT program. (See Attachment B for worksheet copies.)

Because the program responsibilities were dispersed throughout the Department, and because no single person could give the answers for all the questions in the worksheets, CHF's staff visited and interviewed the necessary persons to complete the worksheets. They included the Medicaid Director, the administrative staff of the DSS, division heads and the technical staff involved with the program.

Developing a Model for Shared Responsibility

Although the pieces of the existing EPSDT program were being pulled together slowly within the Department, a new and more comprehensive design was being developed. This design, completed in November 1976 and presented to the administrative staff of the DSS, addressed the compliance issues confronting the State of Colorado, the financial and administrative capabilities of the DSS, and the capabilities of other agencies in carrying out certain aspects of the EPSDT program.

The new program design prepared by CHF staff proposed that the Department of Social Services continue with responsibility for overall management of the EPSDT program, but share the responsibility for outreach, case management and follow-up with the Department of Health.

The sharing of responsibilities for components of a program rather than contracting out the entire program was a new concept for the Department of Social Services which required careful and thoughtful consideration. There was some particular concern about how control would be maintained, and whether the program design would put the Health Department in a position of encouraging clients to use the Health Department to obtain EPSDT services rather than to use private physicians. (The State traditionally has been committed to using private physicians in the delivery of all EPSDT services rather than clinics or other screening facilities.)

Once the design was approved in principle by the administrative staffs at both the DSS and DOH, it had to be presented to other participating groups -- the private providers, the Medical Advisory Board, Board of Social Services, the county social service agencies and the county health departments. They had to be convinced that the shared responsibility model was a sound one. CHF staff made presentations to the private providers, the Advisory Council and field supervisors of the social services staff. The DOH made presentations to the Board of Social Services and to the county health departments (which operate autonomously), each of which would have to approve the plan before it could be implemented in the individual counties. All of the groups contacted eventually approved the concept and indicated a willingness to cooperate in the implementation of the plan.

Developing a Case Management Proposal from DOH to DSS

The development of a proposal for case management responsibilities took place through a series of meetings and workshops with the Department of Health and through field work done by the DOH staff in the counties to gather cost estimates and to determine what constraints might exist at the county level. CHF was designated the DSS representative to the meetings and CHF staff attended all the workshops, sometimes acting as consultant only, other times taking the lead in recommending specific procedures, designing forms and figuring costs. (See Attachments E and F.)

Throughout this period, CHF staff served as a liaison between DOH and the Department of Social Services and between DOH and the Regional HEW Office. Specific procedures for handling the case management were defined and cost estimates and plans were made for phasing in eligible individuals who are presently in the DSS system. (See Attachment G for a copy of the final draft of this proposal.)

Measurable performance criteria and requirements for the case management component have been established and will be included in the contract with the Department of Health. (See Attachment H.)

Discussing the Proposal and Locating Matching Funds

Once the proposal was accepted by DSS, discussions were held at both the State and county levels regarding the impact of the proposal and the various methods that could be used to

obtain the 25 percent match required for Federal funding. Again, CHF acted as a liaison between DSS and DOH by being present during these discussions and offering to assist in the communications between the two agencies. Informal discussions between the directors of the two agencies also took place during this time.

Appropriating the State's share of the money for the new Outreach, Case Management and Follow-up proposal turned out to be the most serious obstacle to overcome and, at one point, the Department of Social Services felt it would have to postpone implementation until 1978. The DOH then offered to assist DSS in locating a match and did identify funds that could be used if DSS and the Regional Office approved. Final approval of these funds is expected although not currently finalized. (A cost projection prepared by CHF is included in Attachment I.)

Coordinating Plans with Other Screening Programs

Throughout the development of the proposal, CHF encouraged the coordination of plans with the other screening programs existing in the State -- Head Start, Denver School Health Program, Denver Health and Hospitals and the Governor's Task Force for Children. Meetings were held with individuals in these groups to determine where services were overlapping, how the various programs could work together in the future, and how all screening and assessment programs in the State could be coordinated to raise the quality of care to all children.

IV. RECOMMENDATIONS

SHORT TERM

Negotiations and development of a contract between the Department of Social Services and the Department of Health are to take place during the next three months. It is recommended that CHF's role in this period be to continue to act as a liaison between the two agencies. It is further recommended that a joint committee be established for the purpose of working out and coordinating the details of implementation. This committee should meet at least once a week during the development of the contract and the first phase of implementation and, following that, as often as necessary although probably less frequently.

During the period when details of the contract are being discussed, it is recommended that the following activities should occur:

1. Intake workers in local social service agencies be trained.
2. The general plan be explained to members of the Medical Society.
3. Specific procedures be completed for the Policy and Procedures Manual.
4. The Staff Manual be changed to include new procedures.

5. The coordination of screening and case management activities be discussed with Denver School Health Program and Head Start.

CHF can offer assistance in all these areas; specifically, in completing the Policy and Procedures Manual and in developing materials for training intake workers.

LONG TERM

Once the Outreach, Case Management and Follow-up design is in effect, it is recommended that the State concentrate on monitoring the quality of the services provided, on developing evaluation techniques to measure this quality, and on coordinating the EPSDT services with other government screening and assessment programs.

Performance standards should be established in each screening area and mechanisms should be developed to assure that those providers who are being reimbursed for delivering EPSDT services are meeting the standards. An updated list of qualified providers should be given to the counties at least once a year. A concise, but complete, provider instruction manual is needed to replace the EPSDT program instructions and Medicaid bulletins now used to instruct providers. This manual should explain the program and its philosophy, clarify provider responsibility and emphasize the importance of proper billing and completion of forms.

Providers should be told to state on the billing form whether they have prescribed medication, provided any other

treatment, or referred the child to the Handicapped Children Program. This completed form will facilitate reporting the treatment as an EPSDT service rather than a regular Medicaid service. There should also be a method for determining whether the proper number of screenings are being done for the child's age and whether the package delivered is complete.

Techniques for evaluating each program component should be established to measure both the effectiveness of the program in meeting the needs of the consumer and the efficiency with which it is managed by the agency. DOH and DSS should develop tools for program management so that easy auditing can be done at both the State and Federal levels. Tools should also exist for monitoring the program at the county level. County input should be solicited on a regular basis in the development of any program plans.

Finally, the State should continue to seek ways to work with other government agencies in coordinating screening and assessment programs. The Office of Child Development (Head Start), School Health Programs, Department of Developmental Disabilities, Department of Special Education all have responsibilities for screening and assessing children for handicapping conditions. Many of these programs overlap and many are facing similar problems, such as outreach, confidentiality and securing cooperation of providers. Through coordinated efforts, existing resources in the State could be better utilized, and more children might receive the type of comprehensive care that each program would like to provide.

V. APPENDICES

SECTION V

APPENDIX A

SUMMARY OF COLORADO EPSDT ADVISORY

COMMITTEE CONFERENCES

SUMMARY OF COLORADO EPSDT
ADVISORY COMMITTEE CONFERENCE

October 13 - 14, 1976
State Capitol Building
Denver, Colorado

This summary of the meeting contains a restatement of the objectives postulated by CHF staff for each of the components of the EPSDT program and the related comments and recommendations offered by the conference participants.

Community Health Foundation expresses sincere gratitude to all who participated in the meeting.

PROGRAM MANAGEMENT

Objectives

1. To develop a state plan which outlines goals and objectives of the program as well as policy and procedure for implementing them. This will specify the management function of the single state agency.
2. To expand the EPSDT coordinator position to full time status, and to give the position the authority to implement and coordinate EPSDT activities among the various divisions and agencies involved in the program.
3. To offer necessary assistance and consultation to those involved in the administration and/or delivery of EPSDT services.

Comments

1. In establishing responsibility for the EPSDT program, consideration should be focused on who ought to be assigned that responsibility rather than on who currently is accountable for the program.
2. Will the Department of Social Services remain totally responsible or will the Department of Public Health be contracted to provide some of the EPSDT services, such as outreach, follow-up, case management, referral and some of the screening services? Reportedly, public health nurses have served in this capacity in extending health

care to the needy public, and public health nurses are willing to participate in the EPSDT program fulfillment.

3. Discussion ensued on the role of the public health nurse in coordinating the health care aspects of the EPSDT program, and on the role of the social workers in focusing on determining eligibility and in explaining welfare assistance to the clients.
4. Many (250) of Colorado's public health nurses are trained to do screening, another 250 will be trained during the coming year. Thus, only 15 to 20 counties will be in need of this training which could be achieved by expanding their in-service training programs.
5. Concern was expressed about the use of the funds available from the Federal Financial Participation (FFP) program. If these funds are used to help the counties incorporate additional management responsibilities (i.e., more outreach functions, etc.) for increasing the effectiveness of their EPSDT program, will the state reduce the impact of this additional funding by decreasing its share of the budget?
6. Perhaps in identifying as EPSDT personnel those county Social Service staff people who are already doing some of the work incorporated into the EPSDT program, counties could capture additional revenue for the additional staff through that mechanism.

DELIVERY OF HEALTH CARE

Objectives

1. To provide screening services for a set number of the eligible population within one year.
2. To ensure that formal arrangements are made with sufficient numbers of screening providers in order to deliver screening services to recipients within a reasonable period, normally not to exceed 60 days from the date of request.
3. To inform recipients of the available providers and to assist them in making a screening appointment (i.e., arrange transportation, day care, etc.).
4. To inform EPSDT recipients of diagnostic and treatment providers and to assist recipients needing diagnostic and treatment services so that they can receive D & T within the 60 days of screening.
5. To develop a screening package and periodicity schedule with screening providers that meet the minimum requirements of the federal guidelines and to meet local health care needs.
6. To ensure consistency of screenings and that all procedures are performed.

Comments

1. There was a negative reaction to the first objective

because counties believed some penalty would be associated with meeting the quota. Counties saw no need for the state or any other agencies to establish quotas because counties have already established quotas. Although these quotas have not been formalized, they are firm in the minds of the people concerned with meeting the health objectives of the people for whom they are responsible.

2. The need for some quota setting is necessary when consideration is given for budget development and planning of staff and services. It will be difficult to estimate what kind of supply is needed for screening services without some estimate of the demand for these services.
3. Setting a quota will aid also in the task of obtaining providers.
4. Discussion ensued on arrangements and agreements needed to establish responsibilities of both the providers and the state.
5. There is a need to distribute the provider manual more widely and to focus attention on the periodicity schedule.
6. It was suggested that the Medicaid bulletin be used as a source of current information.

IDENTIFICATION OF ELIGIBLES

Objectives

1. To share the information on a timely basis with the agencies involved in the administration of the program.
2. To refine eligibility list to reflect the periodicity schedule and the utilization of services.

Comments

1. A major concern was with the three-month time lag in making the state's eligibility reports available to the counties. A monthly report would give more accurate data and on a more timely basis.
2. A very basic question, but which caused doubts for some counties, was about determining just who was actually eligible for EPSDT services in Colorado. It was established that all Medicaid eligible children under the age of 21 are eligible for EPSDT services.
3. While small counties had no problem with identifying their eligibles, the large counties want eligibility lists to be sorted out in a more useable manner for them, for example, listing the eligibles under the names or numbers of the caseworkers assigned.
4. Counties were critical of delays that occur in certifying the eligibles.

5. Counties were critical of delays in assigning Medicaid ID numbers and in issuing Medicaid cards. These delays complicate notification, outreach and the provision of services. (This criticism perhaps resulted from a lack of knowledge or understanding by county social workers. It was pointed out that a state identification number required for obtaining medical benefits is assigned within ten days of application and is available to providers by phone. The printing and mailing of the cards does take more time.)

NOTIFICATION

Objectives

1. To notify all families becoming eligible for AFDC for the first time or after a period of ineligibility, within 60 days of the authorization of AFDC payments, through written material and a face-to-face contact with a person trained to explain EPSDT and its benefits.
2. To notify all eligible families who have not requested EPSDT services, through written material, within twelve months of the last month in which they were notified.

Comments

1. Printed brochure that served as the written notification message was totally ineffective in generating requests for services.
2. Printing the message in Spanish was an exercise in futility as the intended audience does not speak Spanish. If they do speak Spanish, they generally are illiterate.
3. EPSDT, as a name for health care, does not convey the meaning of the services. The name is totally inadequate and confuses both the intended receivers as well as the providers (physicians). Bureaucratic jargon must be substituted with a short and easily comprehended name.

4. Face-to-face notification procedure in explaining EPSDT objectives was far more effective in generating client participation with the EPSDT program. It was noted that the time required for personal contact was prohibitive for some counties. Additional staff would be required by almost all counties.
5. The question was posed about who was really the most appropriate to do outreach; is it the caseworker or is it the application worker? Perhaps the Department of Social Services is not the appropriate agency and should consider a contract arrangement with the county health departments.
6. In developing notification objectives, both current and proposed federal regulations must be incorporated, including face-to-face contact, as well as the state regulations for meeting notification criteria.
7. It was noted that written materials and other material used to notify clients should be developed by, and presented by, health agencies rather than social service agencies.

RESOURCE IDENTIFICATION

Objectives

1. To develop a means for identifying the available providers in the community, to document the number of available providers and to provide the local social service departments with a list of the providers in their community, periodically.
2. To develop a contract which lists the responsibilities of the provider and of the state/county EPSDT agencies.
3. To develop a program for recruiting more health care providers capable of delivering EPSDT services.
4. To encourage the use of allied health professionals or to develop other alternatives that would deliver screening services in areas experiencing shortages.

Comments

1. In looking at the resources of the counties, it is clear that the physicians were not interested in taking on the responsibility for EPSDT screening.
2. Better communication is needed with providers, to ensure that they know what is expected of them in providing EPSDT services and to let the providers know what support they can expect from the state or the local agency.
3. Involvement of parents -- developmental questionnaires

could be administered.

4. Medical societies should take more responsibility in recruiting their physicians to become involved in the EPSDT program.

OUTREACH

Objectives

1. To develop effective methods for encouraging EPSDT eligibles to take advantage of the services offered.
2. To document responses to services offered and/or received.
3. To increase rate of client participation in EPSDT program.
4. To identify support services needed to overcome obstacles preventing clients from taking advantage of EPSDT services.
5. To develop a continuing training program for persons that have been identified as responsible for performing the outreach function.

Comments

1. Concern was expressed about incurring substantial costs in doing effective outreach, in expanding the health services, and in adding accounting staff and time.
2. Public Health Department representatives suggested that because outreach is a function which public health has always performed, public health should be assigned this responsibility for outreach exclusively. They pointed out that outreach is not a function of the Social Services Department.

3. It was noted that the requirements for implementing a successful EPSDT program involves many agencies -- health, welfare, private providers, etc. Other outreach sources to be considered include schools, day care centers, mass media marketing techniques to reach the public, training outreach workers and motivating their commitment to the program.

4. There's a need for clarification about policies regarding transportation services and about contracting with transportation agencies. One county agent advised that transportation was not reimbursed for dental services under Medicaid, but was covered under the EPSDT program. The major point the county and social service department had made was that if they were going to be responsible for transportation, this, too, would require an increase of staff.

SCHEDULING

Objectives

1. To ensure that recipients receive screening services within the 60 day time limit from date of request or determination of eligibility and, in the case of diagnosis and treatment, to schedule within 60 days of the date of the screening.
2. To schedule at client's convenience, if possible.
3. To ensure that the patient keeps the appointment by notifying the recipient of the coming appointment.

Comments

1. It is not clear just when the 60 day clock starts. Is it when the clients apply for Medicaid, or when they request services, or when eligibility is determined?
2. Clients are encouraged to do their own scheduling and most county people agreed that this was an efficient and workable system, particularly when there is a need for support services, such as transportation or day care.
3. Where clients make their own appointments, however, there is a need for relaying information about appointment keeping and the kinds of services received to complete the records for case management.
4. Point was made that parents do care and are willing to

assume responsibility for the health of their children via the system, but it was stressed that they must be educated about the program.

CASE MANAGEMENT

Objectives

1. To ensure that clients are aware of and receive the services that they have requested and to which they are entitled.
2. To ensure that all of the information necessary for the efficient performance of this function is available to the person(s) responsible for this function.
3. To ensure that the individual(s) responsible for case management have available the resources that would enable them to take action when called for.
4. To develop and continually upgrade guidelines for case management.
5. To develop and maintain an information exchange system between participating providers and agencies which conforms to the confidentiality policy established.

Comments

1. The need for case management can't be overstated as far as coordinating and managing the rest of the services to which the client is entitled under the program.
2. There was a consensus that the various functions of case management be separated in some way, perhaps in placing more responsibility on the provider, perhaps to county health departments.

3. Currently, in the county, there is no one individual with any specific EPSDT responsibility for following clients through the system.
4. If case management responsibility is to be given to the county Social Service Department, staffing is a major concern.
5. Counties brought out the fact that, in some cases, the exchange of information is complicated by different interpretations of confidentiality. In many states, this problem is being resolved and, in some cases, formal agreements may be necessary among the various agencies involved, so that information concerning eligibles or concerning the health care provided to them could be shared with both the provider and the social services.
6. There were some doubts expressed about the amount of information concerning an individual that needed to be transmitted. Some county people suggested that for EPSDT clients, who were not also social service cases, the only data required on them was that the client received the service and if any follow-up was required.
7. A key recommendation provides for a means by which the provider himself would send information on services provided directly to the county. Information the counties would like includes such items as whether it was a referral, the identification information and all of the health information included in the billing report.
8. The counties stressed that they could be far more effective

with their case responsibilities if these reports were available earlier.

9. Some counties indicated they would prefer getting client data through the system in one comprehensive report than via a series of small slips for each individual client.

10. Thoughts on the possibilities of an automated case management system. This is to be studied and developed with the state during the next year. But a point was stressed to provide caseworkers, counties, health agencies and providers with only the data they actually need, indicating only what action could be taken rather than burdening them with a lot of information that doesn't require any action.

DATA PROCESSING: CLAIMS PAYMENT

Objectives

1. To develop a system to maintain a current roster of all acceptable EPSDT medical providers and their respective identification numbers.
2. To develop a system to identify claims for an EPSDT service.
3. To verify recipients' eligibility for EPSDT services.
4. To develop a system that will identify for the EPSDT program those D & T claims stemming from a specific abnormal screening result.
5. To design the system so that billing procedures are simple, expedient and maintain a low rejection rate.
6. To design the system so the processing of claims occur in a reasonable time period.
7. To design the system so that pertinent EPSDT claims information can be extracted, for the purposes of case management and follow-up, in a timely manner.
8. To design the system in a way that insures confidentiality and quality control.
9. To design a modular system that can adapt to proposed Medicaid Management Information System, proposed EPSDT general system design or the present Medicaid system.

Comment

As issues and policies are decided, a system of claims payment will evolve and will be modified to be efficient, accurate, relevant and timely.

SECTION V

APPENDIX B

WORKSHEETS

To ensure that CHF has a clear understandin he Department of Social Services' position on major issues underly e EPSDT program, the CHF staff requests a decision and/or clarifica on the questions [redacted] below.

PROGRAM REQUIREMENTS

INFORM
- Identify Eligibles
- Notify Eligibles
- Provide Outreach

SCREEN
- Identify Resources
- Schedule
- Deliver Services

FOLLOW-UP
- Diagnosis & Treatment
- Data Processing
- Case Management

PROGRAM MANAGEMENT

Date: November 3, 1976

Questions:

1. Is the Department willing to enter into agreements with other agencies or organizations for the provision of Notification? Outreach? If yes, to what degree? The Department is willing to consider entering into agreements with other agencies to provide outreach services. The mode in which such services might develop would be in the delivery of pamphlets or other information as approved by the Department.

2. Will the Department accept and encourage the use of screening resources other than private physicians? If yes, what resources and under what conditions? Would this be done under a formal contract? The Department is willing to encourage the use of screening resources other than private physicians if the State Statute issue can be resolved. Additionally, the Department is willing to investigate the use of formal contracts by which to develop screening and follow up services for EPSDT recipients.

3. Upon what management information system should CHF base the policy and procedures manual?

   Present System X
   Interim System ____
   Future (i.e. EPSDT - General System Design) X
   Other ____

   The Department believes that Policy and Procedure Manual changes should be primarily related to our present modified system. Any changes beyond our present system should be viewed in the context of the MMIS program scheduled for implementation in July of 1978. Interim changes maybe warranted but must be viewed in the context of the system being developed under MMIS.

4. Will the EPSDT coordinator position be expanded to full time status? Will the position be given the authority to implement and coordinate EPSDT activities among the various division and agencies involved in the program?

   The Division is currently investigating its ability to identify a fulltime EPSDT coordinator. The Department is willing to give sufficient authority to those directly engaged in developing alternative policy recommendations to effectively and efficiently evolve the desired system.

Henry A. Foley — Director of Social Services

Gary D. Tucker — Director of Medicaid

IDENTIFICATION OF ELIGIBLES

All Medicaid eligible children should be identified and given the benefit of EPSDT services. In Colorado, this involves serving over 80,000 children. The goal of the identification process is to document those individuals eligible for EPSDT and to generate the necessary information for conducting the subsequent case management function.

OBJECTIVES	QUESTIONS
1) To accurately and promptly identify all persons who are eligible for EPSDT services.	1) Who does the single state agency consider eligible for EPSDT services? All those eligible for Medicaid under 22 years of age. Not "medically needy".
	2) Who identifies potential eligibles, who ultimately determines EPSDT eligibility? County determines Medicaid eligibility; EPSDT eligibles are a subset. If State OIS has reason to question an application, the application is sent to the county for redetermination.
	3) What measures will the single state agency adopt to decrea the delays in the certification process of potential EPSD eligibles? Certification takes place at county level therefore delays would have to be handled there. A new card is sent monthly toward the end of the month - also whenever a new client is determined eligible.
2) To document the eligibility of an individual whenever necessary.	4) If an individual, who was eligible for EPSDT in one county moves to another county, will he/she have to reapply for EPSDT services? Will that person's case record be transferred? Client will not have to reapply. Just let county know address. Client would have to reapply for services from Title XX. Assistance payment record is transferred but not the "case record.
	4a) What policies and procedures will the single state agency implement to re-determine individual eligibility whenever it may be needed? Eligibility will be redetermined every six months.

Completed by: Edie Kazak
11/19/76

3) To ensure the timely generation of an eligibility list.

4) To refine the eligibility list to reflect the periodicity schedule and utilization of services.

5) To share eligibility information on a timely basis with the individuals and agencies involved in the administration of the program.

Completed by: Ellen Kugel
11/17/80

5) If an eligible individual experiences an increase in earnings, and is, therefore, not considered eligible, how lon can the client continue to receive health care under EPSD Does this include only diagnosis and treatment, or does i include the entire EPSDT package?

If eligibility is based strictly on earnings, Medicaid eligibility and entire Medicaid package will continue 4 months. Otherwise case is closed immediately. (Note: pamphlet on eligibility is available.)

6) If an EPSDT recipient loses their identification card, wh mechanism would be employed to promptly determine eligibi

Provider should call county.

7) What procedures would the single state agency implement t reduce the delay in making the eligibility reports availa to the counties?

Reports will be sent out monthly. Also, list will be "cleaned-up" to include only eligibles from past six months rather than an accumulated list as far back as 5 years.

8) What measures will be taken to generate an eligibility lis containing the pertinent information needed by the counti (e.g., to reflect the need for additional services accordi to the periodicity schedule, and to record the name or num ber of the caseworker assigned to the eligible individual)

Printout will be modified to include: Household #, guardian's name, dates of treatment and acceptance or rejection of service - possibly periodicity schedule. Changes to be implemented pro bably in February

9) What policy and procedures would the single state agency adopt that would permit contracted agencies to obtain the list of EPSDT eligibles and thereby perform other program management functions (e.g., outreach, scheduling for scree ing and D & T services, notification, screening, follow-up

List of eligibles who accepted EPSDT service will be sent to contracte agency.

6) To identify a person eligible for EPSDT, individually, rather than as a case (i.e., member of a larger unit such as a family).

7) To ensure that records are initiated for all EPSDT eligibles.

Completed by: Edie Kozak
11/19/76

10) What policy and procedures would the single state agency implement to ensure that EPSDT eligibles are identified individually, rather than as a case?

They are presently identified individually. In future, they will also be identified by household # and guardian's name - sorted by casework number.

11) What steps will be undertaken to determine whether or not the identified EPSDT eligible person is currently under appropriate medical care? What criteria will be used in this regard?

~~Don't understand question.~~ Gary would like recommendation on this.

12) Are records maintained for all EPSDT eligibles? What types of information are recorded in the EPSDT eligible record? If records are not kept, how does documentation occur for all categories of eligibles?

Only those accepting EPSDT services at intake will be followed. Those declining will be contacted in writing semi-annually.

13) What policies and procedures would the single state agency adopt to ensure that a timely record is generated for the designated EPSDT eligible individual?

See question 8.

Since the EPSDT program represents the first time Medicaid has been directed to promote preventive service, an essential element in the program is that of notifying individuals that this service exists. Notification should ensure that those eligible are made aware of exactly what services are available, where these services can be obtained, how the services can be obtained and why they are important. Notification should include information regarding the nature and value of preventive health service and the need for periodic screening. The quality and nature of notification is extremely important to the success of the program.

OBJECTIVES

1) To notify all families becoming eligible for the first time or after a period of ineligibility, within 60 days of authorization, through written material and a face-to-face contact with a person trained to explain EPSDT and its benefits.

NOTE: If Maryda thinks there will be a problem - this may be changed.

Completed by: Ellen Kozak 1/17/78

QUESTIONS

1) How often will eligibles be notified in writing? Face-to-face?

for those not since

Every 6 months in writing through a flyer with welfare check. Face-to-face upon initial intake. For those screened, periodicity table will dictate appropriate mailing.

2) Will the single state agency ensure that each count appoint and train specific people to notify eligible about Medicaid? What position will that person hold

Someone in each county will be specified to do the initial EPSDT notification and any other coordination with the Publich Health Department that may be necessary.

3) If the single state agency requires a present staff member to notify Medicaid eligibles about EPSDT services, who will that person (i.e., position) be? By whom will eligible individuals be notified by face-to-face contact? by written material?

Face-to-face: a county appointed person - probably intake worke

Follow-up: Public Health will appoint.

4) Will the single state agency implement policies requiring the agency responsible for notification to notify all Medicaid eligibles under the age of 21?

No - only those accepting EPSDT services at intake.

OBJECTIVES (cont'd)

Carry says if new flyers are needed they will be used even though all others aren't used.

2) To notify all eligible families who have not requested EPSDT services through written material within twelve (12) months of the last month in which they were notified.

Completed by: Ellen Kozak 11/17/76

Information on pages 1 - 5 confirmed by: Carry A. Tucker

Date: 12/1/76

QUESTIONS (cont'd)

5) If individuals are notified by written material, what information will be included? What special arrangements will be made to notify the illiterate non-English speaking person or the blind?

Would like suggestions from CHF. (See also Question 6.)

6) What type of contact (face-to-face, and/or written material) will be initiated when recertification occurs? Written. Flyers are created by Public Information. They have ordered present flyers through 1977. Will not (according to Mary Ann Ivy) use others til after that. If new flyers are created - should be IBM size for easy stuffing - no brochur

7) Will all Medicaid - EPSDT eligible individuals requesting EPSDT services be assigned a caseworker? If not all, which Medicaid - EPSDT eligibles will b assigned caseworkers?

Public Health will assign a case manager.

8) What policy and procedures will the single state agency adopt regarding the documentation of individuals requesting or not requesting EPSDT services

Accept or decline will be indicated by the counties and fed into data processing system.

9) Will individuals who have declined EPSDT services initially be re-notified? If so, how and when?

~~No~~ - Every 6 months every eligible will be notified in writing.

The identification of health care resources is essential to EPSDT success for the following reasons: 1) to ensure that sufficient available provider sources exist within the community to meet the health needs of the EPSDT recipients; 2) to facilitate the choice of screening, and, diagnosis and treatment providers by EPSDT recipients; 3) to provide the information required for program management functions (i.e., planning and coordinating the use of available health care resources).

OBJECTIVES	QUESTIONS:
) To ensure that EPSDT recipients have available to them the health care provider sources they need.	1) Will the single state agency assume the responsibility for regular assessing the number of available health care provider sources wit in the State, and for furnishing this information to the counties a timely basis? If yes, how will this be done? Yes. Procedure will be based on appropriate recommendation from CHF. 2) Will the single state agency approach the various Colorado health care organizations on a regular schedule to inform them of the EPS program, and thus to solicit their participation in encouraging an assessing the willingness of their members to participate in EPSDT as providers? Meaning of "health care organizations" unclear. DSS will contract with Public Health to provide screening procedures. Will discuss with Colorado Medical Society the possibility of surveying physicians in state.

OBJECTIVES (cont'd)	QUESTIONS
To develop and implement policies and procedures whereby the screening providers are required to promptly submit, to the agency involved with the D & T component, the information needed in carrying out D & T services for the screening recipient.	3) Will the single state agency, or the agency assuming this function develop and implement policies and procedures, together with the participation of screening providers, that will satisfy the need for timely information by the D & T provider? DPH will provide results of screening to physicians.
To document the activities performed in the D & T component of program management.	4) Will the single state agency, or the agency assuming responsibility for this component function, develop and implement policies and procedures for the documentation of activities performed in the D & T process? Documentation will appear on monthly reports based on billing forms from providers.

Outreach

The outreach component serves as a means of encouraging EPSDT eligibles to take advantage of the services offered. It also serves as a means of identifying the barriers that prevent EPSDT eligibles from receiving services. The advantages gained from the implementation of effective outreach methods are: greater client participation in the EPSDT program; greater provider satisfaction due to a decrease in "no-show" rate; and it provides the opportunity to give the client health care education.

OBJECTIVES	QUESTIONS
.) To develop effective methods for encouraging EPSDT eligibles to take advantage of the EPSDT services offered.	1) What policies and procedures will the single state agency implement order to establish the outreach component? Contract with Public Health
	2) Will the single state agency delegate some level of program responsibility to another agency capable of doing the outreach component? Yes
) To provide training to those staff members responsible for doing the outreach component.	3) If the single state agency decides to assume responsibility for conducting outreach services, will it institute a training program for the staff doing outreach? Who will be responsible for the outreach component? Will all categories (AFDC, SSI, etc.) of EPSDT recipien be provided with outreach services? N.A.
) To document the efforts made by the single state agency, or the contracted agency, to provide outreach services.	4) What documentation policy and procedures would the single state age implement to record its effort to provide outreach services? ~~This would be part of contractual arrangement with the Health Department~~ This would be part of contractual arrangement with the Health Department.

This program component e[illegible]is the proper sequencing of other clo[illegible]ly related program management activities. These activities are: the timely identification of available EPSDT health care providers; the generation of a list of providers from which an EPSDT recipient could choose the provider desired; arranging an appointment with the health care provider within the 60 day time limit; providing the necessary support services (transportation, day care, etc.) required by the EPSDT recipient; determining if the appointment was kept; and rescheduling if the original appointment was not kept. These are minimal program activities aimed at ensuring that the EPSDT recipients receive the health care they need.

OBJECTIVES:	QUESTIONS:
1) To ensure that the EPSDT services desired by the recipients are provided promptly and within the allowable time frame.	1) Will the single state agency develop the capability for scheduling EPSDT services which meets the federal requirements, or will the single state agency delegate some level of program responsibility to another agency capable of conducting this component? k State will delegate scheduling responsibility to Public "ealth but will ask each county to appoint a coordinator for any activities requiring social services. 2) If the single state agency assumes responsibility for pe forming the scheduling component, will it: a) require present staff to assume this responsibility b) hire additional staff wherever necessary? c) other (please specify)? N.A. 3) If the single state agency delegates some level of progr responsibility to another agency, what will be required of the delegated agency to satisfy all aspects of the scheduling component? DPH will be required to provide reports to MIS which fulfill federal requirements for documentation.

To eliminate any barriers recipients may have that prevents them from receiving the EPSDT health services they need.

4) If an individual fails to keep an appointment, what would be the policy and procedure of the single state agency and/or the contracted agency, for rescheduling an appointment?

If monthly report shows that appointment was missed, client would be recontacted by outreach worker.

5) What policy and procedures would the single state agency have regarding their obligation to provide transportation, day care, and other support services to those EPSDT recipients requiring such services? Will the policy and procedure vary from urban to rural counties?

Department will provide services as required by federal regulations with recommendations from CHF.

6) Will the single state agency contract with other agencies to provide transportation, day care, and other support services to EPSDT recipients needing such services?

Department would like cost-effective recommendations from CHF.

The diagnostic and treatment services component of program management requires that health care providers, who are willing to perform D & T services, be identified, in order to generate a list of EPSDT providers available to the recipients. The D & T services must be arranged for within the time limit specified by the federal regulations. The D & T component also requires that support services (transportation, day care, etc.) be made available, and that there be documentation of activities performed.

OBJECTIVES	QUESTIONS
To refer EPSDT recipients to the D & T provider of their choice within 60 days after an abnormal screen finding.	1a) Will the single state agency assume responsibility for performing all of the activities required by the D & T component or will the single state agency delegate some level of program responsibility to another agency capable of doing this component? Department will delegate responsibility of referring recipients to provider. O 1b) What mechanism will the single state agency employ to maintain a current list of D & T providers? DSS will follow appropriate recommendation of CHF. 1c) What steps will the single state agency take to ensure that EPSDT screening recipients are referred to a D & T provider within 60 days after an abnormal screen finding? ~~Monthly report will be provided to health department from fiscal agent.~~ This will be part of DPH contract. DSS will provide collaborative reports as necessary. 2) If the single state agency assumes responsibility for performing all of the activities required by the D & T component, will it: a. require that the existing staff assume greater responsibility? b. hire more personnel wherever necessary? c. other (please specify)? N.A.

CA...ANAGEMENT

The case management function is to ensure that the requested health care services are delivered within a reasonable time span. Case management involves case monitoring for coordination of supportive services, referral and follow-up. These functions may necessitate the use of a designated person(s) within the county social services departments or, the use of a separate contracted agency fully capable of delivering these services. Well-structured and administered case management procedures enable the single state agency to improve the delivery of effective EPSDT services and to comply with state and federal regulations.

OBJECTIVES	QUESTIONS
1. To develop and implement a case management system that would include case monitoring, support service functions, referral and follow-up.	1. Will the single state agency assume responsibility f developing and implementing a case management syster at the state and/or county level, or will it delegat some of this program responsibility to another agenc capable of performing this program component? Department will delegate this responsibility to DPH. 2. If the single state agency decides to perform case management services itself, will it: a. arrange for the hiring of additional personnel wherever necessary to assume responsibility for the case management operation? N.A. b. provide the necessary training and guidelines fo the case management personnel? N A

OBJECTIVES	QUESTIONS
To develop and implement documentation requirements to be met by the agency performing case management that will also meet county, state and federal reporting requirements.	3. If the single state agency decides to delegate some of this program responsibility to another agency capable of doing case management, will agreements be made between the participating agencies that will reflect their need for information and conform to the state's confidentiality of information policy? DPH will have State's permission to access necessary information in order to fill contract agreement. 4. Will the single state agency determine the type of data it will need to meet its administrative responsibilities, and its need to document program activities for federal evaluation of state compliance? ~~Department will determine type of data needed from Public Health based on federal requirements for documentation.~~ Department, with recommendation from CHF, will determine type of data and will communicate with public health to insure this is forthcoming. 5. Will the single state agency design a computerized or manual system that meets the requirements of the case management operation? ~~A computerized system will support the case management component.~~ Principle case management will be handled through the Health Department. Support, where appropriate, from the Department. (Whatever system is designed should be developed in conjunction with Public Health.) etc

OBJECTIVES	QUESTIONS
3. To develop an EPSDT tracking and reporting system which incorporates but is not totally dependent on a claims processing mechanism.	3. What policies and procedures will the single state agency establish to ensure that EPSDT tracking and reporting data are available promptly after services are rendered?
4. To fulfill the present federal EPSDT reporting requirements as indicated on the NCS 120 federal reporting form.	4. What additional policies and procedures would the single state agency establish to implement the present federal reporting requirements?

SECTION V

APPENDIX C

COLORADO PROGRAM MANUAL

PREFACE

The policies and procedures approved as established herein pertain to the EPSDT program management activities of the Colorado Department of Social Services, county departments of social services and contracted auxiliary agencies. They confirm rules and regulations suggested and developed by the Colorado Department of Social Services and by the county departments of social services.

It is the intent of the Colorado Department of Social Services that each policy, and its respective procedures, be put into practice so as to confirm with the best possible EPSDT organizational accommodations that can be made by the individual departments of social services. Optimal performance of the various program activities, unique to the EPSDT program, can be realized only through the mutual cooperation of all the principal departments, agencies and individuals involved.

Each county social services unit, and all contracted auxiliary agencies, shall maintain a copy of these EPSDT policies and procedures and shall regularly review them for appropriateness.

The primary objective of the Colorado Department of Social Services' EPSDT Program is to facilitate the delivery of those health care services and support services needed to improve the health status of poor children. It was with this objective in mind that the following policies and procedures for EPSDT program management were developed.

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Introduction

INTRODUCTION

Purpose

This manual of policies and procedures serves several critical functions in guiding the implementation of Colorado's program of Early and Periodic Screening, Diagnosis and Treatment (EPSDT). First, it provides EPSDT personnel with the methods necessary for the successful planning and operation of this state-administered preventive health care delivery program designed for medically needy children and adolescents. Second, it serves as a concise and effective training manual for EPSDT personnel with program responsibilities. Third, it reflects the State of Colorado's EPSDT program commitment. Fourth, these policies and procedures were developed to meet the federal and state requirements for the EPSDT program.

This manual is organized into components corresponding with the fundamental EPSDT program management activities, that is, identification of eligibles, notification, scheduling, outreach, case management, identification of health care resources and the documentation process. It also contains the federal regulations used to determine whether or not a state is in compliance with the regulations. Where applicable, the goals and objectives of the different program management activities are presented.

It should be remembered that the primary objective of the Colorado EPSDT program is to deliver comprehensive and continuous health care as efficiently and effectively as possible to those individuals found eligible for the program. This entails the development of close cooperative relationships between all the EPSDT principals involved, that is, social services, health care providers, auxiliary support services agencies, etc.

While the EPSDT program management activities are relatively complex, the administrative difficulties initially encountered are surmountable. These policies and procedures, when fully implemented by the respective agencies, will serve to greatly diminish the magnitude of the problems encountered. Adherence to these policies and procedures should also meet all of the EPSDT

program obligations, federal and state, and the organizational constraints of the local social service units.

The following approaches are recommended to EPSDT administrative personnel for using this manual:

- Analyze the perceived impact of your respective EPSDT program management activity responsibilities, as presented herein, upon all of your current administrative policies and procedures.
- Identify those program management activities presenting major problems.
- Identify those administrative problems which require greater resources for resolution than what is locally available and present them to the EPSDT single state agency for evaluation.
- Encourage local participating EPSDT agencies to implement policies and procedures to satisfy the full incorporation of the EPSDT policies and procedures presented herein, as well as to satisfy their program management needs and the individual conditions in their local community.

EPSDT Program Background

Since 1974, the Colorado Department of Social Services (CDSS) has been expanding its EPSDT program involvement in order to engage medically needy children and adolescents, under the age of 21, with a comprehensive and continuous preventive health care delivery system. The advantages of the federally mandated, state-administered, EPSDT program were recognized early.

INTRODUCTION

As the EPSDT program developed, efforts were made by the Colorado Department of Social Services to increase Colorado's commitment by progressively developing EPSDT program management activities beyond those traditionally conducted by the CDSS. For example, recognizing that the EPSDT system required more than a payment mechanism for its successful operation, the CDSS initiated specific EPSDT administrative procedures designed to inform and facilitate the entry of EPSDT eligibles into the health care program.

The Colorado Department of Social Services now is determined to augment its leadership role by implementing EPSDT program management policies and procedures that will ensure the following:

- That all eligible children under the age of 21 be periodically screened and, where necessary, be promptly diagnosed and treated.
- That existing health care provider resources be fully utilized to assure the EPSDT eligible individual of comprehensive, continuous health care.
- That obstacles preventing individuals from receiving health care be identified and promptly resolved.
- That contractual arrangements are encouraged with those agencies better capable of conducting specific EPSDT program management activities.
- That these EPSDT policies and procedures keep the state in compliance with the EPSDT regulations as defined by the Department of Health, Education and Welfare.

Also included are the following:

- That timely, current and appropriate information is generated to maximize the efficiency and effectiveness of the administrative bodies performing the EPSDT program management activities.
- That documentation be maintained to satisfy state and federal reporting requirements.

Briefly stated, the Colorado EPSDT program is progressively developing the potential for making EPSDT an optimal preventive health care program capable of meeting the health needs of poor children. By implementing a comprehensive EPSDT program management system that would ultimately ensure each child of receiving, and continuing to receive, the needed health care services, the Colorado Department of Social Services, and other EPSDT services participants, will meet that goal.

The EPSDT Concept

Although Medicaid does offer eligible individuals entry into a health care system, the health care delivered tends to be oriented toward the treatment of acute, episodic and crisis related illnesses. Under the Medicaid system, the eligible individual seeks medical treatment when the malady has become apparent. Often, this stage of illness requires costly and sophisticated treatment regimens.

The appeal of this preventive health care program provided by EPSDT is two-fold: an ongoing structure has been established supported by health and social agencies, and the care is provided early in the lives of the individuals.

INTRODUCTION

Many of the health problems of poor children are preventable, particulary in the auditory, visual and dental areas which are particularly critical in children. It has been documented that progressive, preventive health programs diminish the disability, and the costly hospitalization, incurred when children do become seriously ill.

Over the long-term, an aggressive and effective EPSDT program employs scarce social and health resources more efficiently, and at measurably less cost, than a fragmented, crisis-oriented health care system.

EPSDT Program Management Activities

The following program management components are the basic administrative activities determined to be necessary for a comprehensive, effective and efficient EPSDT program:

Program management -- state plan. The Colorado Department of Social Services (CDSS) is committed to ensuring that high quality EPSDT services are provided to all of Colorado's EPSDT eligible individuals who request and need such services. CDSS is prepared to provide the direction and leadership by adopting the following program management decisions as their EPSDT State Plan:

- Continuously determining EPSDT eligibility criteria
- Assuming complete responsibility for identifying acceptable health care resources
- Encouraging other health care providers to become EPSDT participants
- Establishing contractual agreements with agencies capable of performing certain program management activities, such as outreach, notification, etc.

- Developing effective procedures for ensuring that EPSDT eligibles are brought into the health care delivery system which they request and require

- Assuming responsibility for monitoring the EPSDT program to ensure optimal performance

Identification of eligibles. The process for identifying eligibles involves recognizing and documenting those individuals who are eligible for EPSDT services. The Colorado Department of Social Services (CDSS) will share information concerning the identified eligibles with the counties, the fiscal intermediary, and the other responsible EPSDT agencies in a thorough, timely, accurate and legal manner.

Notification of eligibles. The process of notification should ensure that those eligible are made aware of exactly what services are available, where these services can be obtained, how the services are to be obtained, and why the services are important. During notification, eligibles should be given explicit information about the nature and value of preventive health services, and should be impressed with the importance for receiving periodic screening. Notification should be done within the required time limit, using both printed materials and personal contact with an individual well-trained to explain the services available through EPSDT, and the procedures to follow for obtaining those services.

Scheduling. This program component entails the proper sequencing of other closely related program management activities. These activities are: the timely identification of available EPSDT health care providers; the generation of a list of providers from which an EPSDT recipient could choose the provider desired; arranging an appointment with the health care provider within the 60-day time limit (screening); providing the necessary support services (transportation, day care, etc.) required by the EPSDT recipient; determining if the appointment was kept; and rescheduling if the original appointment was not kept. These are minimal program activities aimed at ensuring that

the EPSDT recipients receive the health care they need. Parts of these program activities can be delegated to other outside agencies capable of conducting the services required.

Case management. The purpose of the case management function is to ensure that the requested health care services are delivered within a reasonable time span. Case management involves case monitoring for coordination of support services, referral and follow-up. These functions may necessitate the use of a designated person or persons within the county social services departments, or the use of a separate agency contracted to deliver these services. The case management function relies heavily on timely, current and accurate information reporting the progress of the eligible through the EPSDT health assessment process.

The value of well-structured and administered case management procedures is in providing a useable record base for improving the delivery of effective EPSDT services and for submitting reports to verify compliance with the EPSDT regulations.

Identification of health care resources. The identification of health care resources is essential to EPSDT success for the following reasons: 1) to ensure that sufficient available provider sources exist within the community to meet the health needs of the EPSDT recipients; 2) to facilitate the choice of the screening and the diagnosis and treatment providers by EPSDT recipients; 3) to provide the information required for program management functions (planning and coordinating the use of available health care resources). This process requires the regular generation of an accurate and timely list of available health care providers. It also requires that the various health care providers in the community be informed about the EPSDT program and be encouraged to become active program participants.

Outreach. This program component requires that the responsible EPSDT agency actively and aggressively encourage eligibles to voluntarily participate in the Colorado EPSDT program in order to receive their

Subject: COMPLIANCE AND FEDERAL EPSDT REGULATIONS

- Non-compliance Penalty

If the state is found to be out of compliance with the EPSDT regulations, a penalty is levied of one percent (1%) of the total payments due for Title IV (AFDC Grant Money) for any quarter the state fails to implement EPSDT in accordance with the guidelines.

- EPSDT Regulations

The current EPSDT regulations require the states to:

1. Inform all AFDC recipient families of the health screening program. "Inform" means to notify in writing at least annually. Arrangements must also be made to orally inform recipients of the services available.

2. Provide screening services within 60 days of the determination of eligibility in all instances where screening services are requested.

3. Inform recipients requesting services of the names and locations of health care providers offering services.

4. Inform recipients of available transportation, day care and other support services under the state plan.

5. Ensure that recipients are able to receive initial diagnosis and treatment services within 60 days of screening.

6. States must be able to document that they have met each of the above conditions.

Policy

Subject: EPSDT PROGRAM RESPONSIBILITIES

State agency responsibilities, as defined by the Department of Health, Education and Welfare regulations for the EPSDT program, are outlined as follows:

I. Health Assessment Development

A minimum screening package will include:

1. Health and developmental history
2. Assessment of physical growth
3. Developmental assessment
4. Screening tests for cardiac abnormalities, anemia, sickle cell trait, lead poisoning, tuberculosis, diabetes, infectious and other urinary tract conditions.
5. Inspection for obvious physical defects; eye, ear, nose and throat
6. Assessment of nutritional status
7. Assessment of immunization status
8. Assessment of dental condition

II. Diagnostic and Treatment Services

A. State must provide for diagnostic services.

B. State must provide for treatment services.

1. Amount, duration and scope of the service to be determined by the state plan.
2. Eyeglasses, hearing aids, other treatment for visual and hearing defects must be made available.
3. Dental services should include:

a. Emergency services
b. Preventive services
c. Therapeutic services

AUTHORIZED BY

Policy

Subject: EPSDT PROGRAM RESPONSIBILITIES

III. Outreach Responsibilities

State agency is to develop capabilities for providing the following:

1. Inform Medicaid families of services
2. Encourage participation of eligibles

IV. Health Care Provider Resources

A. State agency must actively recruit providers for screening, diagnosis and treatment.

1. Recruit from available health care resources
2. Encourage development of additional centers, i.e., public health department, day care, neighborhood health clinics, schools, other

B. State agency should determine provider suitability.

A state agency should contact and/or evaluate the following: medical and dental societies, other practitioner organizations, medical schools, state and regional or local health departments, programs for mothers and children under Title V of the Social Security Act, OEO neighborhood health centers, developmental disability agencies, university affiliated facilities, day care centers, school health programs, rehabilitation agencies and voluntary health programs.

V. Referral and Follow-Up Development

State administering agency should work closely with other agencies involved to:

1. Develop referral procedures
2. Recruit other providers for referral, if necessary

AUTHORIZED BY

Policy

Subject: EPSDT PROGRAM RESPONSIBILITIES

3. Inform eligible persons of available services
4. Refer promptly

VI. Payment

Federal regulations under Medicaid stipulate payment policy

VII. Record Keeping

State agency to develop data retrieval system for:

1. Performing program management functions (such as case management)
2. Documentation of services provided to meet county, state, federal governmental needs

AUTHORIZED BY

Policies and Procedures

Identification of Eligibles

Policy

Subject: IDENTIFICATION OF ELIGIBLES

Local county departments of social services have the primary responsibility for identifying individuals eligible for the EPSDT program and acquainting them with the health care services.

Policy

- To identify those children under the age of 21 who have been determined eligible for medical assistance in order to provide them with the opportunity for achieving optimal health by engaging them with regular periodic and comprehensive health services.
- To initiate an accurate, complete and timely record that would follow the individual throughout the involvement with the EPSDT program.
- To generate an accurate and current eligibility list that would satisfy the program management needs of the local social service units.
- To share the eligibility list and the individual's record with authorized EPSDT contractees in accordance with pre-established agreements.

Determination of Equivalence

It is extremely essential to efficiently expend the scarce resources of local health care only on those individuals currently receiving only inadequate medical care or those receiving no care at all. For this reason it is necessary to identify, as early as possible, those individuals for whom a concentrated effort is essential or critical, that is, an effort to involve them in a comprehensive preventive health care delivery setting.

Policy

Subject: IDENTIFICATION OF ELIGIBLES

During intake, it is necessary to document the current type of health care the potential EPSDT recipient has been receiving. When certification has been completed, this information should accompany the individual to the local health department where it should then be determined if the care being given is equivalent to that offered through the EPSDT program. If the present health care is determined to be inadequate, the recipient should be provided with the EPSDT services he/she is entitled to receive.

The Eligibility List

The eligibility list will be updated continually to provide EPSDT social services personnel with the information needed to plan and monitor their respective EPSDT program management activities. For instance, by accurately determining the number of new EPSDT eligible individuals on the list, the social services personnel can plan to notify those eligible in the manner established by the federal regulations within the time period stipulated.

Also, an accurate and timely eligibility list helps management to determine if the number of personnel available is sufficient to meet the demands made for EPSDT services.

The information on the eligibility list will contain the case worker number assigned to a particular EPSDT eligible and the eligible's household number. This should facilitate the program management needs of the local social services departments.

Documentation

As previously mentioned, a good record keeping system facilitates the program management activities that state and local social services departments are responsible for by enabling projections to be made on: 1) the utilization of available health care providers; 2) the number of EPSDT personnel required to handle the client load; 3) the utilization of support services,

Policy

Subject: IDENTIFICATION OF ELIGIBLES

such as, transportation and day care.

The information generated will satisfy: 1) state and federal reporting requirements; 2) the need for accurate and timely data to be used for evaluating program performance.

Minimum Information Acceptable

- Age and sex
- Category of assistance
- Case number
- Person's number
- Type of medical care the eligible person is currently receiving

Sharing of Information

Other separate EPSDT service agencies (such as local health departments) responsible for performing certain program management activities, for example, outreach, screening, referral, follow-up, etc., require current, accurate and timely lists of EPSDT eligibles. The EPSDT agencies should promptly share the information in accordance with the State plan concerning confidentiality of information.

Identification of Eligibles

Procedures

Procedure

Subject: IDENTIFICATION OF ELIGIBLES

AUTHORIZED BY

Notification of Eligibles

Policy

Subject: NOTIFICATION OF EPSDT ELIGIBLES

It has repeatedly been demonstrated that the success of an EPSDT program can be positively influenced if thorough and personal notification procedures are employed by well-trained local social services personnel.

Policy

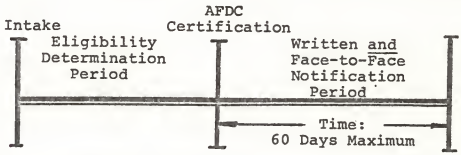
- To continue employing effective notification procedures to ensure that those eligible are made aware of exactly what services are available, where these services can be obtained, how the services are to be obtained, and why the services are important.
- To continue the EPSDT training of local social services personnel who are responsible for notifying those eligible for the program.
- To notify eligible individuals in accordance with the federal EPSDT regulations regarding the type, comprehensiveness and timeliness required by the notification process.
- To document all notification efforts and the responses received.

AUTHORIZED BY

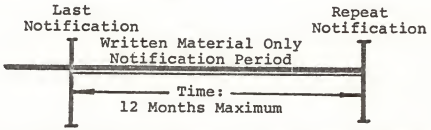
Notification Schedules

The time lines illustrated below were developed for the specific categories of EPSDT eligibles according to the Code of Federal Regulations, Section 205.147(a).

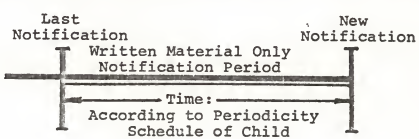
Category A. For families becoming eligible for AFDC for the first time or after a period of ineligibility:



Category B. For eligible families who have not requested EPSDT services:



Category C. For families who have requested EPSDT services and whose children are eligible for a periodic screening based on the periodicity schedule under the State Title XIX plan:



Policy

Subject: NOTIFICATION OF EPSDT ELIGIBLES

Notification Guidelines

The following list of items need to be expressed when informing EPSDT eligible families and individuals about the services available, in order "to overcome recipient fear, ignorance or misunderstanding, and to communicate the importance of early, preventive health care."

What Information About EPSDT Should Be Given

- That continuous and comprehensive preventive health care is directed at maintaining the health status of a well child, as well as seeking to identify potentially crippling health conditions
- That the recipient will be assisted in: choosing his/her provider; making his/her appointment; receiving additional support services such as transportation, day care, etc.
- That the health care and support services offered are free and acceptance is voluntary
- What happens during a screening examination
- Where and how the screening services may be obtained

Notifying Illiterate or Handicapped Eligible Individuals

Those eligible families and individuals found to be illiterate and/or physically handicapped require additional assistance. During intake these individuals should

be identified. Responsible social services personnel need to arrange for the assistance of a second-language translator, either from among members of the client's family or other community resources in order to explain the EPSDT benefits. Illiterate or physically handicapped individuals require that the social services employee read their benefits to them. Every effort should be made to remove the obstacles preventing those eligible from receiving the information they require about the EPSDT program.

Documentation

Appropriate individualized records need to be maintained of the following: date that EPSDT eligible individuals were notified; type of notication used; and the responses made by those eligible for services.

Confidentiality of Information

The local social services employee responsible for informing eligible individuals about the EPSDT program must also reassure the individuals that confidentiality of their records will be maintained. During intake the recipient will be informed of the necessity for releasing certain information, but only to authorized EPSDT contractees. The recipient's written permission for release of the specified information will be required once, only at intake.

Notification of Eligibles

Procedures

Procedure

Subject: NOTIFICATION OF ELIGIBLES

AUTHORIZED BY

Scheduling

Policy

Subject: SCHEDULING

The scheduling aspect of program management initiates the transfer of specific program responsibilities to authorized professional agencies capable of effectively and efficiently fulfilling the administrative obligations which are stipulated by the single EPSDT state agency, the contracted agency and the established federal guidelines.

The following description of scheduling policies express the accepted program management responsibilities of scheduling which have been determined necessary to produce the desired program goal of assuring the delivery of EPSDT health care services to needy children.

Policy

- To assist eligible families and individuals, who have voluntarily agreed to participate in the program, obtaining the EPSDT health care services they have requested.

  The auxiliary services which are to be made available include the following:

  1) to help the recipient select and locate appropriate medical care providers
  2) to make the necessary and timely appointments directly with the provider
  3) to assist in removing barriers to obtaining EPSDT medical and dental services by arranging for available transportation, obtaining day care services, etc.
  4) to serve as liaison, when needed, between the recipient and the health care provider
  5) to inform recipients about the information they may need to bring to the provider, such as a health history

Policy cont'd.

6) to assist recipients in receiving timely follow-up appointments according to their respective periodic schedule and/or the schedule prepared for the required treatment regimen

7) to reschedule recipients who have broken their appointments, however, this is to be done no more than twice.

- To establish, coordinate and maintain the information exchange and also the administrative support services required by all the professional participants in the program.

Statement of Intent

The Colorado Department of Social Services (CDSS) is determined to provide the maximum level of cooperation required to assist all of the professional agencies which are participating in the program to successfully perform their obligations.

On a scheduled basis, the CDSS shall provide the local health departments and the local departments of social services with county listings of persons eligible for screening. The CDSS shall also release all other information determined to be pertinent to the administrative needs of the participating agencies.

The CDSS will assist participating providers in obtaining the support services requested by the recipients and the reimbursement allowed.

The CDSS will also attempt to meet other needs of the participating agencies, as determined necessary. The CDSS will also continue to develop positive program practices intended to foster mutual understanding and cooperation between all the professional participants of the EPSDT program.

Policy

Subject: SCHEDULING

The Request

A request is considered valid when documentation is made of the written or verbal statement expressed by an eligible family or by responsible individuals indicating that they want the EPSDT services and/or the State's assistance in obtaining them. The 60-day time period in which the assistance and health care service are to be delivered begins on the date on which the state is informed by those eligible that they want EPSDT services.

Once the request has been received, the Department of Social Services will authorize the appropriate participating agencies to assist those eligible in obtaining the services which were requested and which were determined necessary.

Recipients' Rights

- Recipients are free to choose the health care provider they desire.
- Recipients must be informed of all the EPSDT services that they are entitled to receive.
- Recipients are free to leave the EPSDT program without incurring any risk of losing other social service benefits.
- Recipients can voluntarily enter the program at any time.

AUTHORIZED BY

Policy

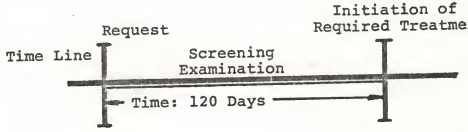
Subject: SCHEDULING

Scheduling

As previously mentioned in the introductory pages, scheduling entails the proper sequencing of other closely related program management activities. These activities are: identifying available EPSDT health care providers; generating a provider list from which an EPSDT recipient could choose the provider desired; arranging an appointment with the health care provider within the specified time limits; providing the necessary support services (transportation, day care, etc.) required and requested by the EPSDT recipient; determining if the appointment was kept; rescheduling if the original appointment was not kept; referring recipient to treatment providers; and assuring that treatment appointments are made and kept.

Scheduling Time Line

The following time limits specified by the Code of Federal Regulations, Section 205.147, for the EPSDT program must be followed except where stated otherwise. Arranging for EPSDT services is done only for families or responsible individuals requesting assistance with scheduling.



Note: This request is for initial or periodic EPSDT services.

Exceptions

- The family has requested to be under the care of a comprehensive care provider.
- The eligible individual has received services within the range of time indicated by the State's plan of a periodicity schedule.
- The eligible individual declined the treatment services.
- The eligible individual failed to keep the first of any of the EPSDT appointments for screening or treatment; an additional 30 days is allowed beyond the 120-day period.
- The individual failed to keep both of the first appointments for screening and treatment; an additional period of 60 days is allowed beyond the 120-day period.
- No further assistance is required if the individual fails to keep two appointments.

Comprehensive Care Providers

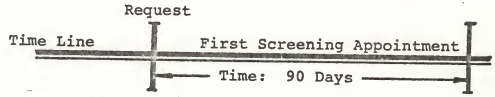
Individuals under the care of a Children and Youth project, crippled children's service program, maternal and infant care project, other Title V grantees, a comprehensive health center, a school health service delivery program or other public provider of comprehensive health services, which has entered into an agreement with the state Medicaid agency, is considered to be involved with a comprehensive care provider. These individuals need not involve the local health departments except where the health department has agreed to be the comprehensive care provider.

In such cases, the following scheduling time line applies:

Comprehensive Care Provider Scheduling

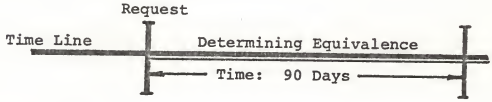
•Category A.

For families requesting scheduling assistance for periodic screening services:



•Category B.

For families not requesting scheduling assistance, determination of equivalence must be made within the following period:



Transportation

The Colorado Department of Social Services (CDSS) will assume responsibility for developing additional transportation resources for its recipients. The CDSS recommends the recipients who are to be assisted in receiving transportation from their family, neighborhood or some other community resource.

The Colorado Department of Social Services will explore the possibility of entering into written agreements with other social service oriented agencies, such as CAP agencies, senior citizen groups, schools, Head Start projects, etc. to provide additional transportation services for the CDSS.

Policy

Subject: SCHEDULING

The professional agency responsible for the scheduling component of the EPSDT program must receive prior approval from CDSS before it delivers the requested transportation services requiring reimbursement, unless other arrangements have been made.

Scheduling Appointments with Providers

It is the responsibility of the Colorado Department of Public Health (CDPH) to generate and maintain a current list of available screening, and diagnosis and treatment providers, by county.

The recipient will be offered a choice of providers from the list, which also includes the CDPH. If the individual has a family physician or is receiving health care from some other appropriate provider, an appointment shall be arranged with that provider. The appointment date should be convenient for the recipient.

The CDPH will also make the necessary provisions to ensure that the obstacles preventing the recipient from receiving EPSDT services requested, are removed. When necessary, follow-up and referral services will be made by the CDPH on a timely basis.

Referrals

Immediately after an abnormal screening is found, the client needs to be referred to the appropriate health care provider of his/her choice. Again, arrangements must be made to ensure the removal of obstacles that might prevent the recipient from receiving the needed diagnosis and treatment.

If the referred provider is not the Colorado Department of Public Health (CDPH), the recipient should be sent to the provider of choice along with a portfolio containing all of the pertinent information required. Also, if the CDPH is not the screening provider, arrangements should be made in advance to facilitate the exchange of information required by

the CDPH, that is, to promptly perform its scheduling program management activities, such as timely follow-up, referral of recipients and documentation.

Minimum Documentation

- The date the recipient requested or agreed to accept EPSDT services
- The date for which the appointment was made
- The support services accepted
- The date the service was provided
- The date of rescheduling broken appointments and the support services offered
- The date referral was made and the date for which the appointment was made
- The date on which follow-up services were performed and the type of service made
- The date of refusal and the reasons why any of the medical services were refused

Statement

The value of the EPSDT program is bringing EPSDT recipients in to a comprehensive and continuous health care delivery system which not only analyzes the needs of the recipient, but also provides the assistance needed to obtain the EPSDT services the eligibles are entitled to receive.

Scheduling Procedures

Procedure

Subject: SCHEDULING

AUTHORIZED BY

Case Management

Policy

Subject: CASE MANAGEMENT

Case management responsibilities shall be shared between the State and local social services departments and the State and local public health departments.

> Policy
>
> To effectively perform, continuously monitor, and where necessary, promptly improve those accepted case management activities established herein, and determined necessary to ensure the timely delivery of EPSDT health care services to needy children.

Case Management Administration

EPSDT program management personnel shall be identified within the respective participating organizations, and shall be assigned specific case management activities which they shall be responsible for performing in a timely and thorough manner. These well-trained individuals shall be responsible for documenting the procedures which they performed for each recipient.

The Colorado Department of Social Services (CDSS) shall coordinate the exchange of information they need for planning, monitoring, evaluating and reporting. Each organization shall administer their own case management activities. The information generated by the performance of the respective case management activities shall be in a format which readily meets the administrative needs and the program responsibilities of the participating organizations.

Documents such as screening invoices, claims forms, request statements, etc., together with other documents shall be utilized to facilitate the planning, monitoring, and reporting of administrative activities required.

Policy

Subject: CASE MANAGEMENT

Basic Case Management Activities

The following areas are part of the case management function:

Intake
Support Services
Initial Screening
Referral
Follow-up
Periodic Rescreening
Documentation

Case Management Procedural Policy Decisions

The series of steps described below constitute the essential procedure required for performing each case management activity.

•1. Informing the client about the EPSDT program.

The applicant shall be informed about the EPSDT program in as concise and as complete a manner as possible. The prospective recipients shall be asked if they would like to receive more information after they have been certified. If so, these individuals are given detailed information about the services available, where these services can be obtained, why they are important, and that the services are free. If the services are requested, the individual is asked to sign a release of information form. The recipient shall be referred to the person or organization responsible for the next case management activity.

Minimum Documentation Activity

a. Personal information (age, sex, category of assistance, household number)
b. Date of notification
c. Type of notification and content
d. Date of request

Policy

Subject: CASE MANAGEMENT

e. Date Release of Information form was signed
f. Type of effort made to notify eligible persons handicapped or not literate in English
g. Date of referral
h. Signature of EPSDT program worker

•2. Assisting in selection of provider.

After the request for EPSDT services has been made, the recipient shall be referred promptly to the individual or organization responsible for this next case management activity of selecting a medical care provider. If the recipient does not have a medical provider, he/she will be assisted in selecting one, if they so desire, from a current list of providers. This EPSDT program employee is responsible for promptly informing the previous EPSDT program employee that the recipient was seen.

Minimum Documentation Activity

a. Client identification*
b. Date recipient referred was made to next EPSDT program personnel
c. Date recipient was seen
d. Date request was made for assistance
e. Type of assistance provided
f. Signature of EPSDT program worker*

•3. Arranging the screening appointment.

The recipient shall be asked if any assistance is needed in arranging the screening appointment with the provider selected. If such assistance is requested, arrangements are made directly with the provider by the EPSDT program worker who then informs the recipient about the appointment date and also about

what the screening examination entails. Efforts should be made to remove any fear a recipient may have regarding the examination. The recipients should be involved in this process so that they will be encouraged to arrange their own appointments in the future with only essential assistance from the EPSDT program worker.

Minimum Documentation Activity

a. Client identification*
b. Request made and date of the request
c. Date appointment was made
d. Name and address of the provider
e. Date of the appointment
f. Any additional assistance offered
g. Signature of EPSDT program worker*

•4. Assisting with support services.

The client shall be informed that support services, such as transportation and day care, will be made available if a need has been identified and if the client requests these services. Attempts will first be made to identify family or community resources. Where these are non-existent, the Department of Social Services is required to utilize their available resources. Arrangements shall be made in advance for the client to use these resources.

Minimum Documentation Activity

a. Client identification*
b. Request for support services
c. Date of request
d. Services arranged
e. Signature of EPSDT program worker*

Subject: CASE MANAGEMENT

•5. Screening appointment follow-up.

The EPSDT program worker is to receive written notification of the outcome of the screening examination within a specified time period. If the worker has not been notified, the recipient and/or provider should be contacted to determine why the required information was not exchanged. If the recipient failed to keep the appointment, arrangements for a second appointment are to be made. If the recipient kept the appointment, but the screening results were not exchanged, the EPSDT worker must obtain the required information.

Minimum Documentation Activity

a. Client identification*
b. Screening results
c. Date screening results were received
d. Or, reason for broken appointment
e. Appointment arrangements made again
f. Date of second appointment
g. Or, date and reason recipient has refused to participate in the EPSDT program
h. Signature of EPSDT program worker*

•6. Arranging for diagnosis and treatment.

If the screening results indicate a need for further diagnosis and treatment, assistance is again provided to the recipient for arranging an appointment with an appropriate provider. The recipient or responsible adult should be told of the screening results and of the need for further diagnosis and treatment. Efforts should be made to allay any fear the recipient might be experiencing because of any perceived meaning of the screening findings and to reinforce the importance of receiving the needed treatment.

If the screening results indicate that there is no need for diagnostic and treatment services, the individual's records will be sent to the provider and the individual will be contacted again for screening according to his/her periodicity schedule.

Minimum Documentation Activity

a. Client identification*
b. Date of referral
c. Date of appointment
d. Date service was provided
e. Type of support services provided
f. Name and address of provider
g. Signature of EPSDT program worker*

•7. Diagnosis and treatment follow-up.

The EPSDT program worker shall confirm that the recipient has received the initial diagnosis and treatment services needed. Upon confirmation that the initial services were rendered, additional assistance shall be provided to the recipient, if requested, to ensure that continuous care is maintained. The EPSDT program worker shall also determine if the recipient is still eligible for further EPSDT services.

Minimum Documentation Activity

a. Client identification*
b. Date future appointments were made
c. Date of appointments
d. Name and address of treatment provider
e. Type and dates of additional assistance requested and provided
f. Signature of EPSDT program worker*

Policy

Subject: CASE MANAGEMENT

•8. Tracking.

Each organization responsible for this case management activity will utilize its own control systems to monitor the following: the recipient's progress through the system; the need for further follow-up; the recipient's periodicity schedule; the recipient's eligibility; the timeliness of services rendered.

•9. Exchange of information.

The Colorado Department of Social Services (CDSS) will assume the responsibility for collecting, on a timely basis, all of the information they require to monitor and evaluate the EPSDT program. CDSS shall also provide the participating organizations with the timely information and technical assistance they require to optimally perform their program responsibilities.

*Note: If the recipient is assigned to one EPSDT worker who is responsible for all of these case management activities, there is no need for writing this information. Each recipient should have a current record showing their progress through the system.

Case Management

Procedures

Procedure

Subject: CASE MANAGEMENT

AUTHORIZED BY

Outreach

Policy

Subject: OUTREACH

The objective that EPSDT program personnel are working toward is to minimize the disabling and chronic conditions afflicting needy children. It is recognized herein that effective outreach strategies, which are well-integrated into the EPSDT program management activities, significantly contribute to the realization of the EPSDT objective. Furthermore, effective outreach strategies generate the level of voluntary recipient participation that is necessary to make the maximum, economic use of the administrative efforts expended.

Policy

The following management activities, integrated into the major program management functions, constitute the outreach practices determined to be essential for meeting the desired EPSDT program objective:

1. Continuing support of an aggressive process for identifying the needy children eligible for EPSDT services
2. Informing eligible recipients through face-to-face interviews, letters or brochures, or any other method that would explain the essential information about the program effectively
3. Assisting recipients who request additional help in obtaining any support services they require so as to remove the obstacles that prevent their access to the EPSDT services
4. Following up on the progress of the individual on a timely basis to determine:
   a. if all of the required services were received
   b. if the recipient is encountering any difficulties and to provide assistance when requested
   c. if the recipient is still eligible for services
   d. if screening services are provided on the basis of their periodic schedule
   e. why the recipient has left the program

AUTHORIZED BY

Policy

Subject: OUTREACH

Policy cont'd.

f. if the recipient needs help in filling out any forms

5. Allaying any apprehension if there is any fear or misunderstanding regarding the recipient's interpretation of the program or the results of the screening examinations
6. Informing recipients of their right to forego participating in the program without any loss of the benefits that they are receiving from other programs

- In addition, continuing efforts will be made to foster interagency collaborations (such as with Head Start projects, Child and Youth projects, schools, etc.) that would contribute to the performance of effective outreach activities and that would seek to involve certain eligible but secluded target populations (such as, older children, handicapped children, etc.) not currently participating in the EPSDT program.

- Beyond the outreach resources already identified, other possibilities to be considered include: seeking additional funding sources; using volunteer outreach workers; soliciting community participation; and using the media to assist in the efforts of involving needy children in the EPSDT program.

Documentation Requirements

To meet the state and federal administrative and reporting needs, the following documentation regarding performance outreach activities will be required:

1. Date of outreach services offered
2. Type of service offered
3. Recipient's identification and response
4. Agreements with other agencies to provide outreach services

AUTHORIZED BY

Policy

Subject: OUTREACH

5. Type of periodic statewide outreach service offered (such as television advertisements) and the date performed
6. Signature of EPSDT program worker providing outreach services on an individualized basis

Outreach Procedures

Procedure

Subject: OUTREACH

AUTHORIZED BY

Identification of Health Care Resources

Policy

Subject: IDENTIFICATION OF HEALTH CARE RESOURCES

Crucial to the success of the EPSDT program is the continuing active participation of health care providers within the community. Without accessible and sufficient providers, recipients of the EPSDT program will become discouraged and refuse to obtain those medical services they need and are entitled to receive. The effect would ultimately be to increase the utilization of more complicated and more emergency-directed medical care, thus placing a burden on scarce social and public financial resources.

Policy

In recognition of the ongoing necessity to maintain an adequate level of professional health care providers, there will be a continuing public relations effort to involve the following professionals, societies, institutions and other health care resources:

1. Family and general practice physicians
2. Medical group practices
3. Dentists
4. Osteopaths
5. Pediatric clinics
6. Neighborhood Health Centers
7. Children and Youth Projects
8. Hospitals
9. Medical and dental societies
10. Health Maintenance Organizations

In addition, there will be a continuing effort to monitor the present level of provider participation to ensure that there is a sufficient number of providers to meet the demand for medical care services.

AUTHORIZED BY

Policy

Subject: IDENTIFICATION OF HEALTH CARE RESOURCES

Policy cont'd.

Finally, other modes of providing accessible health care providers (such as mobile health clinics, sending out health teams to the community, etc.) will be explored to determine the feasibility of such approaches.

Approaches for obtaining delivery of adequate health care services will be made in consultation with designated medical care providers.

Approaching Health Professionals, Societies and Institutions

Form letters, inserts, newsletters and presentations will be used to inform the health care providers about the objectives of the EPSDT program and the necessity of receiving optimal cooperation and participation from the providers.

Providers will be encouraged to present their impressions and concerns about the following: the role they should have in the program, the procedures required to secure a provider and information on reimbursement procedures. The necessity for providers to release required information in a timely and thorough manner should be emphasized and prompt assistance should be offered to providers who encounter difficulties in conforming with the procedures.

Documentation Required

A current and thorough list of available providers must always be maintained for recipient and managerial use. Information to be documented includes:

1. Names and addresses of providers currently available
2. Methods utilized to encourage greater provider participation and the dates employed

Policy

Subject: IDENTIFICATION OF HEALTH CARE RESOURCES

3. List of most often expressed concerns by providers about the EPSDT program and/or administrative procedural matters.

Identification of Health Care Resources

Procedures

Procedure

Subject: IDENTIFICATION OF HEALTH CARE RESOURCES

AUTHORIZED BY

Management Reporting

Subject: MANAGEMENT REPORTING

It is recognized that to effectively administer all aspects of the EPSDT program management activities, it becomes necessary to develop, implement and maintain a well-integrated, timely and thorough information exchange system between all of the administrative participants involved in the program.

> Policy
>
> Require all agencies participating in the EPSDT program management to send, on a monthly basis and in report form, all of the relevant information required by the dependent EPSDT departments in order to effectively perform their planning, administrative and evaluative functions.

Management Reporting System

Emphasis will be placed on modifying the present management information system of the respective EPSDT program management participants. Where this system proves to be unwieldy in the future, immediate efforts will be made to collaborate with the respective program agencies to develop and implement a more effective and efficient program reporting system.

It is presently believed that the agencies involved have the capability for generating, on a timely basis, the relevant information required to administer their program management responsibilities. Close interagency cooperation will continuously be encouraged to ensure the optimal performance of the information exchange system adopted. Emphasis will continue to be placed on case control, follow-up and data management.

Policy

Subject: MANAGEMENT REPORTING

Required Management Reporting Information

Program Management Activity	Minimum Documentation
1. Identification of Eligibles · Time: Monthly generation of active eligibility list · Action required: send list to proper personnel	Name, age, sex Medicaid identification number Household number Case worker number
2. Notification of Eligibles · Time: according to different notification schedules · Action required: refer recipient to next responsible EPSDT personnel	Basic recipient identification Case worker number Date of notification Type of notification Recipient's response and date Further action performed Authorization to release confidential information
3. Scheduling · Time: according to federal regulations · Action required: schedule, assist and follow-up as requested and/or required. Send information, on a monthly basis, to county social services department.	Basic recipient identification information Date individual was seen Date of scheduled appointment Date service was provided Date of rescheduling if appointment was not kept. Type of further assistance requested and provided Date of follow-up visit Date service was refused and reasons why Medical history case record

AUTHORIZED BY

Policy

Subject: MANAGEMENT REPORTING

Program Management Activity	Minimum Documentation
	EPSDT worker identification number
4. Case Management · Time: according to federal regulations and agency's administrative needs. · Action required: timely monitoring of recipient's progress through the EPSDT system. Send information, on a monthly basis, to all other dependent agencies.	Basic recipient identification information Scheduling appointments Support services provided Verifying recipient's eligibility Date services were received Follow-up services offered Dates of individual periodicity schedule and action taken Updated medical history case record Date and types of reports sent to various agencies Technical assistance requested and received from single state agency Current provider list Date and notification client refuses EPSDT services Reasons for refusing services Name and address of provider performing screening and/or diagnosis and treatment services Counseling for explaining screening results, importance of preventive health care, need for diagnosis and treatment services

AUTHORIZED BY

Policy

Subject: MANAGEMENT REPORTING

Program Management Activity	Minimum Documentation
	EPSDT worker identification number
5. Management Reporting • Time: monthly, or according to agency, federal requirements. • Action required: generation of current reports stating status of EPSDT program (financial, administrative, number of recipients actively in the program).	Program policy and procedures Status of program Number of eligibles screened and receiving diagnostic and treatment services Screening package Notification material Support services provided Periodicity screening services offered Training program for personnel Rescheduling services performed Outreach services performed

AUTHORIZED BY

Management Reporting Procedures

Procedure

Subject: MANAGEMENT REPORTING

AUTHORIZED BY

Screening Package

Policy

Subject: SCREENING PACKAGE

Policy

To medically assess the health status of all EPSDT recipients through approved comprehensive screening examination procedures designed to identify those recipients with unmet needs for medical care.

AUTHORIZED BY

Screening Package

Procedures

Procedure

Subject: SCREENING PACKAGE

AUTHORIZED BY

Confidentiality of Information

Policy

Subject: CONFIDENTIALITY OF INFORMATION

§ 205.50 Safeguarding information for the financial assistance and social services programs.

(c) *State plan requirements.* A State plan under title I, IV-A, IV-D, VI, X, XIV, or XVI, of the Social Security Act, except as provided in paragraph (c) of this section, must provide that:*

(1) Pursuant to State statute which imposes legal sanctions:

(i) The use or disclosure of information concerning applicants and recipients will be limited to public officials who require such information in connection with their official duties, except that use or disclosure of information provided under 20 CFR Part 401 shall be limited to purposes directly connected with the administration of the program; and to other persons for purposes directly connected with the administration of the program. Such purposes include establishing eligibility, determining amount of assistance, and providing services for applicants and recipients. Under the requirement concerning the use or disclosure of information to public officials, such information shall be available only to public officials who certify in writing that:

(A) They are public officials as defined by State or Federal laws of general applicability; and

(B) The information to be disclosed or used is required in connection with their official duties.

(ii) The State agency has authority to implement and enforce the provisions for safeguarding information about applicants and recipients;

(iii) Publication of lists or names of applicants and recipients will be prohibited.

(2) The agency will have clearly defined criteria which govern the types of information that are safeguarded and the conditions under which such information may be released or used. Under this requirement:

Subject: CONFIDENTIALITY OF INFORMATION

(i) Types of information to be safeguarded include but are not limited to:

(a) The names and addresses of applicants and recipients and amounts of assistance provided (unless excepted under paragraph (b) of this section);

(b) Information related to the social and economic conditions or circumstances of a particular individual;

(c) Agency evaluation of information about a particular individual;

(d) Medical data, including diagnosis and past history of disease or disability, concerning a particular individual.

(ii) The release or use of information concerning individuals applying for or receiving financial or medical assistance is restricted to persons or agency representatives who are subject to standards of confidentiality which are comparable to those of the agency administering the financial and medical assistance programs.

(iii) The family or individual is informed whenever possible of a request for information from an outside source, and permission is obtained to meet the request. In an emergency situation when the individual's consent for the release of information cannot be obtained, he will be notified immediately thereafter.

(iv) In the event of the issuance of a subpoena for the case record or for any agency representative to testify concerning an applicant or recipient, the court's attention is called, through proper channels to the statutory provisions and the policies or rules and regulations against disclosure of information.

(v) The same policies are applied to requests for information from a governmental authority, the courts, or a law enforcement official as from any other outside source.

(3) The agency will publicize provisions governing the confidential nature of information about applicants and recipients, including the legal sanctions imposed for improper disclosure and use, and will make such provisions available to applicants and recipients and to other persons and agencies to whom information is disclosed.

(4) All materials sent or distributed to applicants, recipients, or medical vendors, including material enclosed in envelopes containing checks, will be limited to those which are directly related to the administration of the program and will not have political implications.

Under this requirement:

(i) Specifically excluded from mailing or distribution are materials such as "holiday" greetings, general public announcements, voting information, alien registration notices;

(ii) Not prohibited from such mailing or distribution are materials in the immediate interest of the health and welfare of applicants and recipients, such as announcements of free medical examinations, availability of surplus food, and consumer protection information;

(iii) Only the names of persons directly connected with the administration of the program are contained in material sent or distributed to applicants, recipients, and vendors, and such persons are identified only in their official capacity with the State or local agency.

(b) *State plan requirements for the medical assistance programs.* A State plan under title XIX of the Social Security Act must meet all the requirements of paragraph (a) of this section, except that disclosure shall be limited to purposes directly connected with the administration of the program.

(c) State administrative plan requirements for the Social Service program. A State administrative plan under title XX of the Social Security Act must meet all the requirements of paragraph (a) of this section, except that disclosure shall be limited to purposes directly connected with the purposes of that program, the plan of the State approved under Part A of title IV, the plan of the State developed under Part B of that title, the Supplemental Security Income program established by title XVI, or the plan of the State approved under title XIX;

(d) *Exception.* In respect to a State plan under title I, IV-A, X, XIV, or XVI of the Social Security Act, exception to the requirements of paragraph (a) of this section may be made by reason of the enactment or enforcement of State legislation, prescribing any conditions under which public access may be had to records of the disbursement of funds or payments under such titles within the State, if such legislation prohibits the use of any list or names obtained through such access to such records for commercial or political purposes.

[36 FR 2860, Feb. 27, 1971, as amended at 40 FR 27154, June 26, 1975]

Interagency Agreement

• INTER-AGENCY AGREEMENT •

Glossary

EPSDT PROGRAM GLOSSARY

E.P.S.D.T.

"E.P.S.D.T." means early and periodic screening, diagnosis and treatment of persons under 21 years of age and treatment of conditions detected.

Early

"Early" means, in the case of a family already receiving assistance, as early as possible in the child's life, or as soon as a family's eligibility for assistance has been established.

Periodic

"Periodic" means according to a schedule specified by the state, or followed by participating providers and accepted by the state, of times at which screening services are to be provided to eligible individuals as appropriate under generally acceptable professional medical standards in order to maintain good health and enable early detection of potential or existing health problems likely to effect individuals at various stages of physical (and mental) growth development.

Screening

"Screening" means the use of quick, simple procedures carried out among large groups of people to sort out apparently well persons from those who may have an illness, injury or condition and to identify those in need of more definitive study.

Diagnosis

"Diagnosis" means the determination of the nature or cause of an illness, injury or condition through the combined use of health history; physical, developmental and psychological examination; and laboratory tests and x-rays.

Treatment

"Treatment" means any type of health care and services

EPSDT PROGRAM GLOSSARY

recognized under the state plan to prevent or ameliorate an illness, injury or condition or prevent or correct abnormalities detected by screening and diagnostic procedures.

Screening Package

"Screening Package" means the scope of examinations and tests performed at scheduled intervals as outlined in the guidelines established by the state for screening and for referral and follow-up for diagnosis and treatment where appropriate.

Documentation

"Documentation" means claims forms; manuals, reports or other official state material; records, reports, logs, or other relevant material kept by state and county agency personnel, case workers, providers or other responsible for carrying out all or part of the functions necessary to meet the requirements of these regulations; and other reliable written or printed material.

Case Management

"Case Management" is the process of ensuring that individual clients receive the services which they need and want within a reasonable time. Case management includes the responsibility for referral, case monitoring, follow-up, and supportive services.

Referral

"Referral" is the process of sending the EPSDT recipient to another agency or professional for additional services (e.g., screening providers, diagnosis and treatment providers, transportation sources, day care facilities, etc.).

Case Monitoring

"Case monitoring" is the process of checking records to see if all of the services needed have been received within a reasonable time. Case monitoring is also sometimes referred to

as tracking. Case monitoring may be computerized or manual. Manual systems of case monitoring include flagging charts, using index card tickler files and using health program control sheets.

Follow-up

"Follow-up" involves contacting clients or providers to see if necessary services have been provided when this information is not available in the records. It may also involve contacting clients when it is known that services have not been received (e.g., when appointments have been broken or cancelled).

Supportive Services

"Supportive Services" are those services necessary to enable clients to use primary services such as screening, diagnostic and treatment services. Supportive services include transportation, day care, health education and personal health counseling.

Outreach

"Outreach" is the process of contacting and encouraging the parents of Medicaid eligible children in the community to participate in the EPSDT program. It also involves educating children and their families about the value of preventive health care and the benefits of EPSDT.

Request

A "Request" is a written or verbal statement made by an eligible family that they want the EPSDT services and/or state assistance in obtaining them. A state's responsibility for providing or arranging for EPSDT services and for documenting requests, state assistance and service delivery begins with the date on which the state is informed by the eligible family that they want EPSDT services.

SECTION V

APPENDIX D

DEVELOPING THE COLORADO EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT PROGRAM

DEVELOPING THE COLORADO EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT PROGRAM

Introduction

Because so many costly, chronic, disabling health conditions, such as hearing and visual impairments, developmental delays, neurological disorders and dental problems could be diminished if detected in the early, critical years of life, the Federal Government mandated in 1967 that all states implement an identifiable Early and Periodic Screening, Diagnosis and Treatment (EPSDT) component as part of their Medicaid program. In addition to merely providing financial assistance for EPSDT services, which has been the role of the Medicaid program in the past, states are required to (1) educate eligible families in the importance of preventive health, (2) encourage eligible families to participate in the program, (3) assure and arrange for the provision of screening services when requested, (4) offer assistance in making appointments and arranging for the provision of transportation and day care services to help overcome obstacles that prevent the eligible family from taking advantage of the service, (5) inform eligible families in need of diagnostic and treatment services of the names and locations of health providers, (6) assure that eligible families are receiving requested and needed services within a reasonable time period, and (7) document that all

requirements stated in the Federal regulations are being met. In 1972, the Congress legislated a penalty to be imposed on states which do not comply with Medicaid-EPSDT requirements. The penalty regulations and penalty reviews became effective in July 1974.

Problem

The Department of Social Services, which is the single state agency responsible for the Colorado EPSDT program, has experienced problems in meeting some of the Medicaid-EPSDT program requirements. (See Appendix A.) These problems, which have been identified in quarterly reviews by the HEW Regional Medical Services Administration and in program audits by the HEW Regional Audit Agency, have resulted in the State being out of compliance with the Federal EPSDT program regulations and thus penalty-liable in the following areas:

- Provide or arrange for the provision of such screening services in all cases where they are requested
  45 CFR 205.146 (c) (1) (ii)

- Take steps to assist recipients requesting screening services so that such recipients are able to receive them within a reasonable period normally not to exceed 60 days from the date of request.
  45 CFR 205.146 (c) (1) (ii) (B)

- Inform recipients in need of diagnostic and treatment services of the names and locations of health providers offering such services, and of the transportation services available under the State Plan. . .

  Take steps to assist recipients needing diagnostic and treatment services so that such recipients are able to receive them within a reasonable time period. Initial diagnosis and treatment must be available normally within 60 days of the screening.
  45 CFR 205.146 (c) (1) (iii) (A) (B)

> · States must be able to document that they have met each condition of paragraph (c) (1) of this section and shall provide reports thereon. . . .
> 45 CFR 205.146 (c) (3)

The Department of Social Services has reported that there are many reasons for these problems but, in the main, they stem from the comprehensive nature of the program requirements and from certain manpower and fiscal limitations. The correction of these limitations would substantially improve the EPSDT effort in Colorado and would remove the Department of Social Services from its penalty-liable position cited above.

Solution

In an effort to overcome the problems facing the Colorado EPSDT program, the Department of Social Services requested and has obtained assistance from Community Health Foundation, an HEW technical assistance contractor from Evanston, Illinois. After extensive study of the Colorado EPSDT program, CHF has suggested that the EPSDT program could be most effectively improved by sharing the EPSDT tasks of outreach and case management with a resource experienced in health promotion and prevention. CHF and the Department of Social Services believe the Colorado Department of Health is most capable of assisting with these tasks.

The Department of Social Services has suggested that the EPSDT program activities be shared in the following manner:

IDENTIFICATION OF ELIGIBLES	Department of Social Services
INITIAL NOTIFICATION	Department of Social Services

OUTREACH AND CASE MANAGEMENT*	Outside Resource -- Department of Health
Contacting those requesting service	
Offering assistance	
Determining equivalency	
Following up on those needing diagnosis and treatment	
Documenting all required case management steps	
SCREENING	Qualified Providers
DIAGNOSIS AND TREATMENT	Qualified Providers
OVERALL PROGRAM MANAGEMENT	Department of Social Services

Rationale

The Department of Health is charged by law with promoting and protecting the health of Colorado residents. Both State and local health departments have traditionally emphasized the benefits of preventive health, particularly in regard to children. Public health agency personnel are generally well accepted in their communities. Public health nurses and their assistants enjoy ready access to most homes. These individuals are noted for their ability to casefind and locate mobile families in order to arrange services and provide follow-up care. Public health nurses routinely pursue patients who miss health services appointments by using telephone calls, cards and letters and home visits. They follow-up in the same manner when remediation of an identified health problem is recommended. They assist families in making appointments and in circumventing obstacles, such as transportation problems.

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*See Appendix B for discussion of EPSDT Case Management.

They arrange and follow-up on referrals and act as patient advocates to ensure that patients receive the optimal services they need. All services provided are recorded for documentation. Because the State and local public health agencies have a long history of advocating for and providing preventive health services, including outreach and case management, we feel they are uniquely suited to perform EPSDT outreach and case management.

Methodology

Outreach activities will begin when the Department of Social Services provides the Health Department with the names of EPSDT eligible families who have indicated an interest in participating in the EPSDT program. Health Department personnel will contact these families and make them fully aware of the total services available to them. (See Appendix C.)

Case management will begin when the family requests assistance in securing the screening, diagnostic, treatment or support services (such as transportation and day care) which he or she is entitled to receive. (See Appendix D.) Health Department personnel will ensure that the requested services are offered on a timely basis as required in the federal regulations. In additional documentation of the following items will be provided as required:

1. The date the recipient was contacted by the DPH.
2. The date the recipient requested assistance with EPSDT services.

3. The determination made of the recipient receiving equivalent medical care elsewhere.

4. The name and address of the chosen provider.

5. The date of the scheduled screening appointment if client accepts assistance in receiving services.

6. The type of support services provided (such as transportation, day care or scheduling).

7. The date the service was provided.

8. Documentation of the worker's attempts to reschedule the recipient for the service requested, if scheduled appointments were not kept.

9. Those patients having broken two appointments.

10. Information needed on those individuals found abnormal at medical screening and requiring diagnostic and/or treatment services:

    a. the date referral was made,
    b. the date of referral appointment,
    c. the type of support service offered and/or provided,
    d. name and address of referral provider,
    e. the date service was provided,
    f. attempts to reschedule broken appointments.

11. The dates of follow-up visits, telephone calls, etc., attempting to ensure that treatment was provided.

12. The dates that service was refused and reason(s) why.

This approach will cover all counties in the State and will include all eligible recipients who express an interest in the program after being notified or informed of the services available by the Department of Social Services.

All activities involved in the case management of these individuals, including the monitoring and training of non-professional supporting staff, will be supervised by skilled medical personnel.

APPENDIX D

ATTACHMENT 1

EPSDT PROGRAM REQUIREMENTS

EPSDT TASKS	PRESENT STATUS	FUTURE STATUS
Identification	+	+
Notification	+	+
Outreach - Case Management		
Contact	-	+
App'ts	-	+
Support	-	+
-Transportation	-	
-Day Care	-	
-etc.	-	
Follow-up	-	+
Referral	-	+
Follow-up	-	+
Screen	+	+
D & T	+/-	+
Program Management	-	+

APPENDIX D

ATTACHMENT 2

EPSDT CASE MANAGEMENT DEFINED

The purpose of case management is to ensure that EPSDT recipients receive the health services which they need, and want, within a reasonable period of time. EPSDT case management does not include making decisions about the care of specific medical problems. Instead, case management is concerned with facilitating, and maintaining, the recipient's contact with a comprehensive, and continuous, health care service source.

Case management involves the following ancillary services (apart from the actual delivery of health care):

- 1. Informing the Client about the EPSDT Program

  Eligible individuals are given detailed information about the services available, where these services can be obtained, why they are important, and that the services are paid for by Medicaid.

- 2. Assisting in Selection of Provider

  Recipients without a provider are entitled to choose a provider from a current list of qualified and willing providers (public and private) practicing within the community who can give them the health care services required.

- 3. Arranging the Screening Appointment

  Recipients, upon request, are given assistance in arranging their screening appointments. The appointment is made directly with the provider of the recipient's choice.

- 4. Assisting with Support Services

  Recipients are informed that support services, such as transportation and day care, are available upon request. Assistance is provided the recipients in obtaining these support services.

- 5. Following up on Screening Appointment

  Follow-up involves determining whether the recipient kept the screening appointment. If the appointment was not kept, efforts are made to reschedule a second screening appointment.

• 6. Arranging for Diagnostic and Treatment Services

If the screening results indicate a need for further diagnosis and treatment, assistance is again given to the recipient for arranging an appointment with a provider (private or public) of the recipient's choice.

Recipients are informed that support services, such as transportation and day care, are available upon request. Assistance is provided the recipients in obtaining these support services.

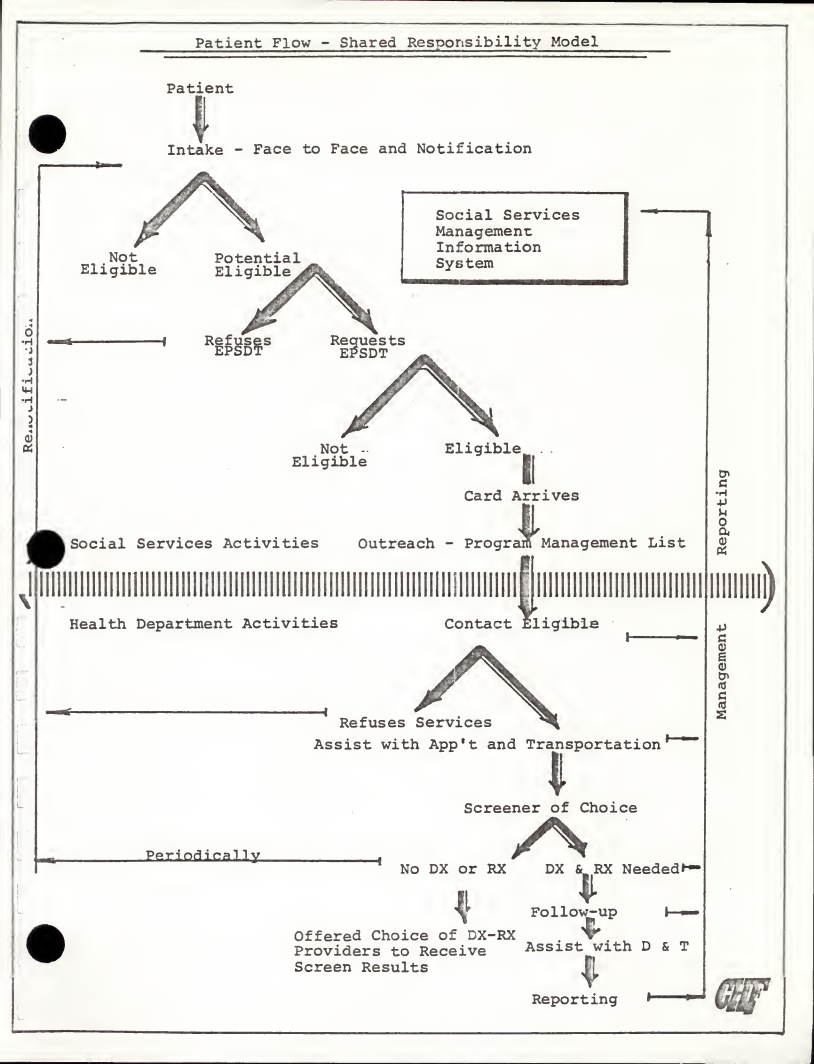
If the results of the screening indicate that there is no need for diagnostic and treatment services, the individual's screening records are sent to the provider of his/her choice, in order to ensure access to the health care system. This eligible individual will be contacted again according to his/her screening periodicity schedule.

• 7. Following up on Diagnosis and Treatment

Again, follow-up involves determining whether the recipient kept the initial appointment for diagnosis and treatment. It also requires that assistance be offered, throughout the entire period the recipient is receiving treatment, to ensure that continuous health care is provided.

APPENDIX D

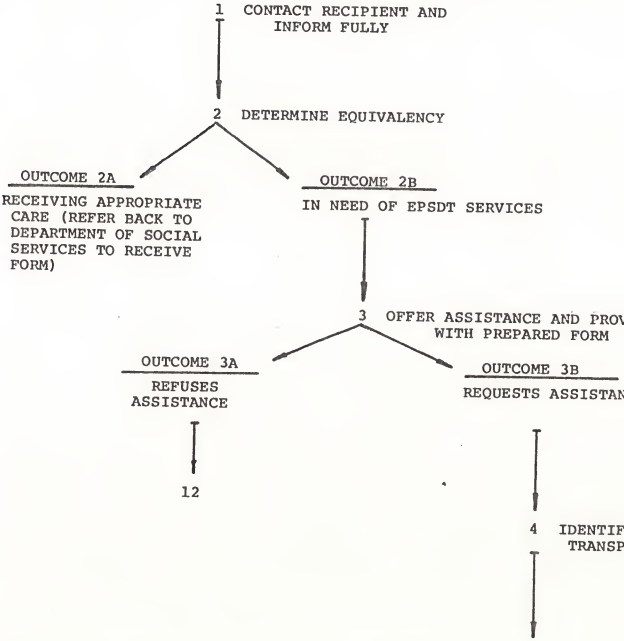
ATTACHMENT 3

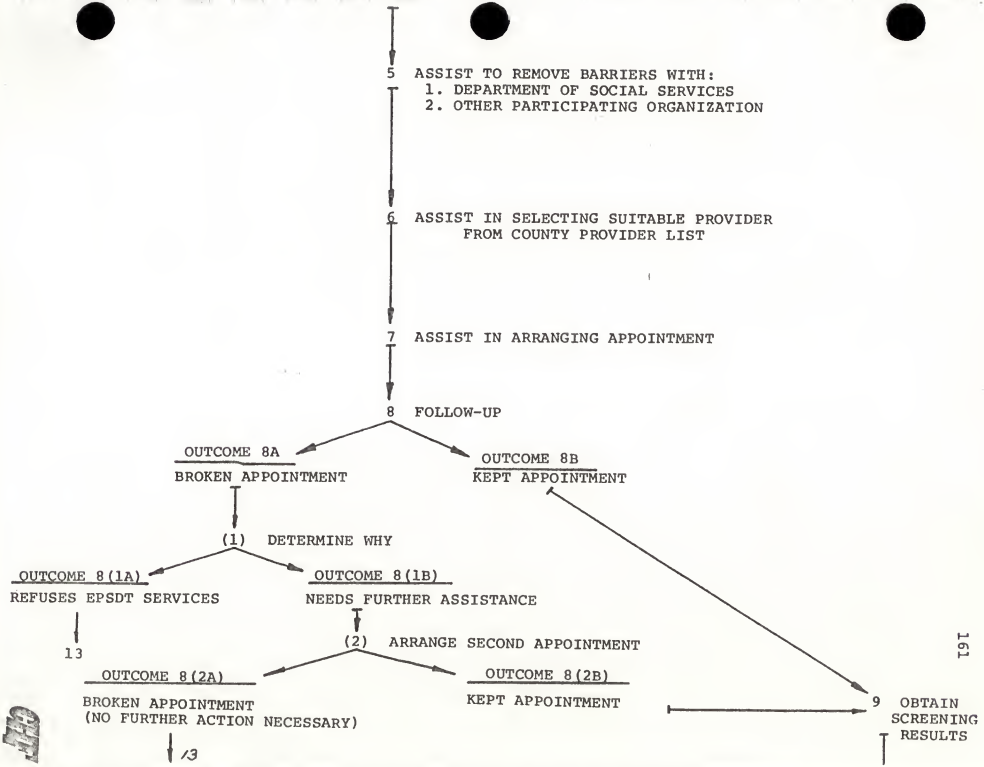

Patient Flow - Shared Responsibility Model
Patient
Intake - Face to Face and Notification
Not Eligible
Potential Eligible
Social Services Management Information System
Refuses EPSDT
Requests EPSDT
Not Eligible
Eligible
Card Arrives
Social Services Activities
Outreach - Program Management List
Reporting
Health Department Activities
Contact Eligible
Management
Refuses Services
Assist with App't and Transportation
Screener of Choice
Periodically
No DX or RX
DX & RX Needed
Follow-up
Offered Choice of DX-RX Providers to Receive Screen Results
Assist with D & T
Reporting

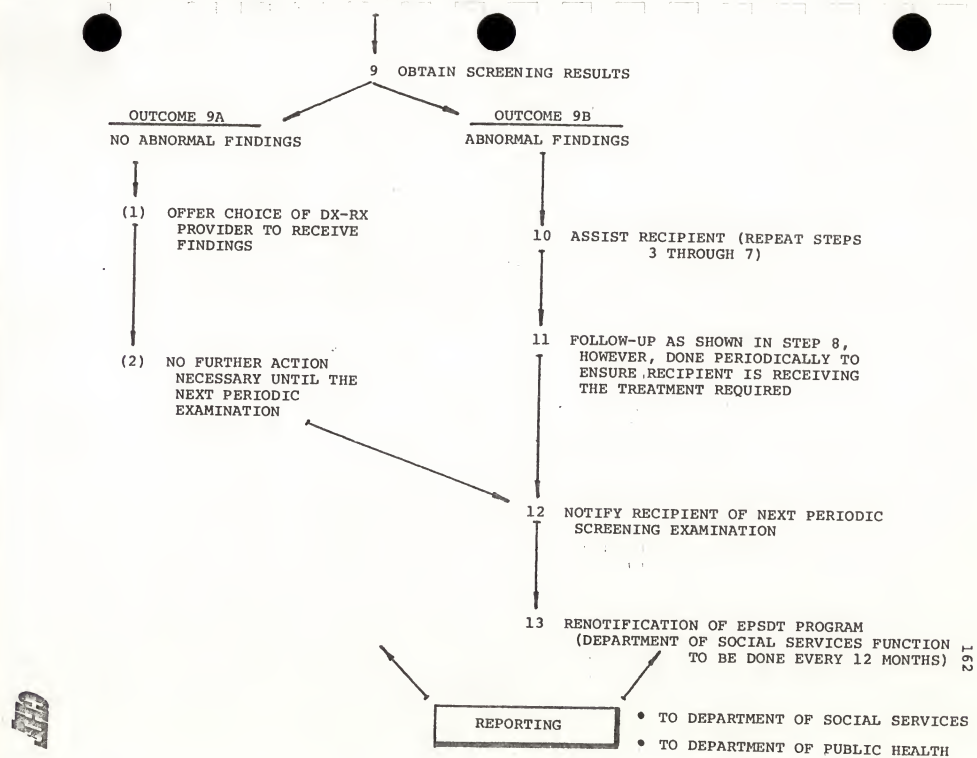
APPENDIX D

ATTACHMENT 4

DEPARTMENT OF PUBLIC HEALTH
CASE MANAGEMENT ACTIVITIES MODEL




5 ASSIST TO REMOVE BARRIERS WITH:
1. DEPARTMENT OF SOCIAL SERVICES
2. OTHER PARTICIPATING ORGANIZATION
6 ASSIST IN SELECTING SUITABLE PROVIDER FROM COUNTY PROVIDER LIST
7 ASSIST IN ARRANGING APPOINTMENT
8 FOLLOW-UP
OUTCOME 8A
BROKEN APPOINTMENT
OUTCOME 8B
KEPT APPOINTMENT
(1) DETERMINE WHY
OUTCOME 8(1A)
REFUSES EPSDT SERVICES
OUTCOME 8(1B)
NEEDS FURTHER ASSISTANCE
13
(2) ARRANGE SECOND APPOINTMENT
OUTCOME 8(2A)
BROKEN APPOINTMENT
(NO FURTHER ACTION NECESSARY)
OUTCOME 8(2B)
KEPT APPOINTMENT
13
9 OBTAIN SCREENING RESULTS


9 OBTAIN SCREENING RESULTS
OUTCOME 9A
NO ABNORMAL FINDINGS
OUTCOME 9B
ABNORMAL FINDINGS
(1) OFFER CHOICE OF DX-RX PROVIDER TO RECEIVE FINDINGS
(2) NO FURTHER ACTION NECESSARY UNTIL THE NEXT PERIODIC EXAMINATION
10 ASSIST RECIPIENT (REPEAT STEPS 3 THROUGH 7)
11 FOLLOW-UP AS SHOWN IN STEP 8, HOWEVER, DONE PERIODICALLY TO ENSURE RECIPIENT IS RECEIVING THE TREATMENT REQUIRED
12 NOTIFY RECIPIENT OF NEXT PERIODIC SCREENING EXAMINATION
13 RENOTIFICATION OF EPSDT PROGRAM (DEPARTMENT OF SOCIAL SERVICES FUNCTION TO BE DONE EVERY 12 MONTHS)
REPORTING
• TO DEPARTMENT OF SOCIAL SERVICES
• TO DEPARTMENT OF PUBLIC HEALTH

SECTION V

APPENDIX E

COLORADO CASE MANAGEMENT WORKING PAPER

COLORADO CASE MANAGEMENT WORKING PAPER

Case management begins when an EPSDT recipient requests assistance in securing the screening services, the diagnostic and treatment services and the support services (such as transportation and day care) which they are entitled to receive.

Case management activities should ensure that the recipients are fully aware of the total services available to them and, also, to ensure that the requested services are delivered on a timely basis. Case management activities include:

1. Informing eligible recipients of the availability and desirability of the EPSDT services and advising them when and where these services can be obtained. Methods to inform eligible recipients include:

   a. face-to-face interviews,
   b. telephone contacts,
   c. written notification (mandatory -- can be done by the Department of Social Services on a periodic basis).

2. Facilitating the recipient's preparation for the screening service. Assistance should be offered; if refused, the obligation to the recipient has been satisfied and no further effort need be made until the renotification process. (Renotification is a Department of Social Services area of responsibility.) For recipients requesting assistance, these case management activities should be followed:

   a. Identifying obstacles preventing recipients from obtaining the health care they need and to which they are entitled. Such obstacles could be lack of transportation, child care problems, fear of an "apparent" well-child receiving negative screening results, or pressing financial or personal problems.

   b. Assisting the recipient in removing any barriers to EPSDT medical screening by arranging for transportation and/or day care. Exactly how this is to be done needs to be worked out with the Department of Social Services. It is recommended that attempts be made to identify available family or community resources first.

c. Selecting a suitable provider from a recent county provider list (generated by the Department of Social Services) for those recipients without providers.

d. Assisting in arranging the screening appointment directly with the provider.

e. Assisting, if necessary, in completing the required forms, including parts of medical history and screening and the authorization to release medical information.

f. Obtaining previous health records (especially immunization records, current medical care identification card) and reminding recipients to take these health records with them to the screening clinic.

g. Following up on screening appointment. This poses a problem if the screening provider is not from the Department of Public Health. Suggestions for follow-up are to contact the provider directly the day after the scheduled screening examination; or to contact the recipient to determine if the appointment was kept; or to develop a form that would be promptly sent back to the DPH by the provider after an examination has occurred.

h. Arranging for a second appointment for the recipient if the first one was not kept. Efforts should be made to determine why the appointment was not kept and, if necessary, assistance such as transportation and day care should be offered. If the second appointment is not kept, the State EPSDT agency no longer has any case management responsibilities to the recipient, at least not until the renotification process occurs.

i. Obtaining screening results, including the types of screening tests employed by the provider. This is to determine if screening standards were met.

3. For recipients requesting assistance in receiving EPSDT diagnostic and treatment (D & T) services, these case management activities should be followed:

   a. Assisting the recipient in removing barriers to EPSDT D & T services by arranging for transportation, day care or other support services found necessary.

b. Assisting the recipient in identifying appropriate medical resources for diagnosis and treatment. This includes, as needed, arranging appointments and identifying physicians and medical resources who are Medicaid providers.

c. Ensuring that the D & T provider receives the screening results.

d. Following up on a D & T appointment. Again, the Department of Public Health is encouraged to design a case management control system whereby it can determine if the appointment has been kept.

e. Scheduling a second appointment if the first one was not kept. Again, efforts should be made to determine why the appointment was not kept and, if necessary, assistance should be offered for arranging transportation or day care services. If the second appointment is not kept, the State EPSDT agency no longer has any case management responsibilities to the recipient.

Periodicity

The preceding case management activities need to be followed for each screening examination. The number of times this process occurs for each individual is dependent on the age of the recipient and the periodicity schedule established by the State screening plan.

Determination of Equivalence

It is essential to efficiently expend the scarce resources of local health care only on those individuals receiving inadequate medical care or on those receiving no care at all. Therefore, it becomes important to obtain medical care information from the EPSDT recipients in order to determine if they have been receiving medical care equivalent to that offered by the EPSDT program.

CASE MANAGEMENT DOCUMENTATION

The following items must be documented in the records of all recipients requesting EPSDT services (screening, diagnosis and treatment, support services):

1. The date the recipient was contacted by the DPH.

2. The date the recipient requested assistance with EPSDT services.

3. The determination made of the recipient receiving equivalent medical care elsewhere.

4. The name and address of the chosen provider.

5. The date of the scheduled screening appointment if client accepts assistance in receiving services.

6. The type of support services provided (such as transportation, day care and/or scheduling).

7. The date the service was provided.

8. The screening results and the screening examinations performed.

9. Documentation of the worker's attempts to reschedule the recipient for the service requested, if scheduled appointments were not kept.

10. Information needed on those individuals found abnormal at medical screening and requiring diagnostic and/or treatment services:

    a. the date referral was made,
    b. the date of referral appointment,
    c. the type of support service offered and/or provided,
    d. name and address of referral provider,
    e. the date service was provided.

11. The dates of follow-up visits, telephone calls, etc., attempting to ensure that treatment was provided.

12. The dates that service was refused and reason(s) why.

SECTION V

APPENDIX F

TRACKING AND REPORTING FORMS

EPSDT CASE MANAGEMENT RECORD

CLINIC: _____

ADDRESS: _____

EPSDT WORKER: _____

NO.	RECIPIENT'S NAME	ADDRESS	SEX	AGE	MEDICAID I.D. NUMBER	FIRST CONTACT DATE	DATE OF REQUEST	EQUIVALENCY ACCEPTED	PROVIDER ASSISTANCE	PROVIDER NAME AND ADDRESS
1.	FAY WRAY									
2.	JOHN DENVER									
3.	KIT CARSON									
4.	PETER BIGFOOT									

							SCREENING APPOINTMENT DATE
							SUPPORT SERVICES PROVIDED (DATE)
							WAS APPOINTMENT KEPT
							RESCHEDULED APPOINTMENT DATE
							FURTHER SUPPORT SERVICES PROVIDED
							WAS SECOND APPOINTMENT KEPT
							SCREEN RESULTS A-ABNORMAL N-NORMAL
							DATE WHEN REFERRAL WAS MADE
							DATE OF D & T APPOINTMENT
							SUPPORT SERVICES PROVIDED (DATE)

LEGEND

T = TRANSPORTATION
D = DAY CARE
✓ = YES
X = NO

PROVIDER NAME AND ADDRESS	WAS APPOINTMENT KEPT	RESCHEDULED APPOINTMENT DATE	FURTHER SUPPORTIVE SERVICES PROVIDED	WAS SECOND APPOINTMENT KEPT	WAS FURTHER SERVICE REFUSED	DATE REFUSED	PERIODICITY SCHEDULE (NEXT SCREENING APPOINTMENT)	DECLINED ALL EPSDT SERVICES

EPSDT CASE PROGRESS SHEET

NAME: _____
ADDRESS: _____
AGE: _____ SEX: _____
MEDICAID I.D.: _____

BEGINNING DATE ___/___/___

PRESENT CASE STATUS
ACTIVE: _____
CLOSED: _____

EPSDT WORKER: _____

(1) FIRST CONTACT DATE		(8) RESCHEDULED APPOINTMENT DATE		(15) WAS APPOINTMENT KEPT?	
(2) DATE OF REQUEST		(9) ADDITIONAL SUPPORT SERVICES PROVIDED		(16) RESCHEDULED APPOINTMENT DATE	
(3) EQUIVALENCY ACCEPTED?		(10) WAS SECOND APPOINTMENT KEPT?		(17) ADDITIONAL SUPPORT SERVICES PROVIDED	
(4) PROVIDER ASSISTANCE?		(11) SCREEN RESULTS A - ABNORMAL N - NORMAL		(18) WAS SECOND APPOINTMENT KEPT?	
(5) SCREENING APPOINTMENT DATE		(12) DATE WHEN REFERRAL WAS MADE		(19) WAS FURTHER SERVICE REFUSED?	
(6) SUPPORT SERVICES PROVIDED AND DATE		(13) DATE OF D & T APPOINTMENT		(20) DATE OF REFUSAL	
(7) WAS APPOINTMENT KEPT		(14) SUPPORT SERVICES PROVIDED/DATE		(21) PERIODICITY SCHEDULE (NEXT SCREENING APPOINTMENT)	

SCREENING PROVIDER NAME AND ADDRESS:	D & T PROVIDER NAME AND ADDRESS:

EPSDT CASE PROGRESS SHEET

COMMENTS:

SECTION V

APPENDIX G

DEPARTMENT OF HEALTH PROPOSAL TO PROVIDE CASE MANAGEMENT TO ELIGIBLE EPSDT FAMILIES

A PROPOSAL TO PROVIDE CASE MANAGEMENT
TO ELIGIBLE EPSDT FAMILIES*

Maternal and Child Health Section
Colorado Department of Health
In cooperation with
Department of Social Services

STATEMENT OF THE PROBLEM:

Because so many costly, chronic, disabling health conditions, such as hearing and visual impairments, developmental delays, neurological disorders, and dental problems could be diminished if detected in the early, critical years of life, the Federal Government mandated in 1967 that all states implement an identifiable Early and Periodic Screening, Diagnosis and Treatment (EPSDT) component as part of their Medicaid Program. In addition to merely providing financial assistance for EPSDT services, which has been the role of the Medicaid Program in the past, states are required to (1) educate families in the importance of preventive health, (2) encourage families to participate in the program, (3) provide for screening services if requested, (4) offer assistance such as making appointments or providing transportation and day care, to help overcome obstacles that prevent the family from taking advantage of the service,

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*Note: It is assumed that the proposal will be read by or presented to individuals who are unfamiliar with the EPSDT Program, its problems and the penalty requirements.

(5) inform families in need of diagnostic and treatment services of the names and locations of health providers, (6) assure that families are receiving requested and needed services within a reasonable time period, and (7) document that all conditions stated in the Federal regulations are being met.

It is the understanding of the Colorado Department of Health, from discussions and correspondence with the Department of Social Services, which is the single state agency responsible for the EPSDT program, that the Colorado EPSDT program has experienced problems from its inception with both the implementing of the appropriate regulations and with several program regulations themselves. These problems have been identified in quarterly reviews by Regional Medical Services Administration, in program audits by the H.E.W. Regional Audit Agency and in reports prepared by a technical contractor, Community Health Foundation, and have resulted in the State becoming out of compliance with the Federal EPSDT program regulations and thus penalty-liable in the following areas:

* Provide or arrange for the provision of such screening services in all cases where they are requested.
  45 CFR 205.146 (c) (1) (ii)

* Take steps to assist recipients requesting screening services so that such recipients are able to receive them within a reasonable period normally not to exceed 60 days from the date of request.
  45 CFR 205.146 (c) (1) (ii) (B)

* Inform recipients in need of diagnostic and treatment services of the names and locations of health providers offering such services, and of the transportation services available under the State Plan . . .

  Take steps to assist recipients needing diagnostic and treatment services so that such recipients are able to

receive them within a reasonable time period. Initial diagnosis and treatment must be available normally within 60 days of the screening.
45 CFR 205.146 (c) (1) (iii) (A) (B)

* States must be able to document that they have met each condition of paragraph (c) (1) of this section and shall provide reports thereon. . . .
45 CFR 205.146 (c) (3)

The Department of Social Services has reported that there are many reasons for the problems but in the main they stem from the comprehensive nature of the program requirements and certain manpower and fiscal limitations of the Department of Social Services. The correction of problems in these areas would substantially improve the EPSDT effort in Colorado and would remove the Department of Social Services from its penalty-liable position.

SOLUTION:

In an effort to overcome the problems facing the EPSDT Program, the Department of Social Services has suggested that the Program could be most effectively implemented if the EPSDT tasks of outreach and case management were performed by a contractor experienced in health promotion and prevention. We believe the Colorado Department of Health is the agency best suited to these tasks. The Department of Health is charged by law with promoting and protecting the health of Colorado residents. Both State and local health departments have traditionally emphasized the benefits of preventive health, particularly in regard to children.

Local health departments and county nursing services, with

financial and consultative support from the Colorado Department of Health, offer Child Health Conferences (sometimes called Well Baby or Child Clinics) which provide continuous, coordinated preventive health care for children from birth to twenty-one years (see Attachment 1). Other services traditionally offered by public health agencies are making and receiving referrals, and providing followup of health problems.

Public health agency personnel are generally well accepted in their communities. Public health nurses and their assistants enjoy ready access to most homes. They are noted for their ability to casefind and locate mobile families in order to offer services and provide followup care. Public health nurses routinely pursue patients who miss health services appointments. They use telephone calls, cards and letters, and home visits. They followup in the same manner when health care is recommended for remediation of an identified health problem. They assist families in making appointments and in circumventing obstacles, such as transportation problems. They make and followup on referrals and act as patient advocates to ensure that patients receive the optimal services they need. All services provided are recorded, usually in individual patient or family records and statistical data are maintained to document services.

Because the State and local public health agencies have a long history of providing preventive health services, including those defined by Medicaid as screening, outreach and case management; we feel the State and local agencies are

uniquely suited to perform EPSDT case management, as well as continue to provide other EPSDT services.

SCOPE OF WORK:

The Department of Social Services has suggested that the EPSDT Program activities be shared in the following manner:

IDENTIFICATION OF ELIGIBLES	Department of Social Services
INITIAL NOTIFICATION	Department of Social Services
OUTREACH & CASE MANAGEMENT	Contractor
Contacting those requesting service	
Offering assistance	
Determining equivalency	
Following up on those needing diagnosis and treatment	
Documenting all required case management steps	
SCREENING	Qualified Providers
DIAGNOSIS & TREATMENT	Qualified Providers
OVERALL PROGRAM MANAGEMENT	Department of Social Services

The scope of work in this proposal will encompass outreach and case management activities and will begin when the Department of Social Services provides the Health Department with the names of EPSDT eligible families who have indicated an interest in participating in the EPSDT program. Health Department personnel will contact these families and make them fully aware of the total services available to them.

Case management will begin when the family requests assistance in securing the screening, diagnostic treatment or support services (such as transportation and day care) which he or she is entitled to receive. Health Department personnel will ensure that the requested services are offered on a timely basis as required in the Federal Regulations. In addition, documentation of the following items will be provided as required:

1. The date the individual was contacted by the Department of Public Health.

2. The date the individual requested assistance with EPSDT services.

3. The determination made of the individual receiving equivalent medical care elsewhere.

4. The name and address of the chosen provider.

5. The date of the scheduled screening appointment if individual accepts assistance in receiving services.

6. The type of support services provided (such as transportation, day care or scheduling).

7. The date the service was provided.

8. Documentation of the worker's attempts to reschedule the individual for the service requested, if scheduled appointments were not kept.

9. Account for all patients requiring no further case management responsibility; e.g., refusing assistance, breaking appointments for initial or followup services.

10. Information needed on those individuals found abnormal at medical screening and requiring diagnostic and/or treatment services:
    a. date referral was made,
    b. date of referral appointment,
    c. type of support service offered and/or provided,
    d. name and address of referral provider,
    e. date service was provided,
    f. attempts to reschedule broken appointments.

11. The dates of followup visits, telephone calls, etc., attempting to ensure that treatment was provided.

12. The dates that service was refused and reason(s) why.

The proposal will cover all counties in the state and will include all eligible recipients who express an interest in the program upon being notified or informed of the services available by Department of Social Services.

All activities involved in the case management of these individuals, including the monitoring and training of non-professional supporting staff, will be supervised by skilled

medical personnel and will take place according to the methodology presented below:

METHODOLOGY:

General

At the local level subcontracts will be made with the thirteen organized county health departments in the State to establish an identifiable EPSDT unit for providing case management activities. In areas where there is not an organized health department, the State Health Department will retain responsibility for the case management of families. Each contract will involve the hiring of paraprofessional personnel who will be trained to provide the administrative support services outlined in this proposal and who will be directly supervised by a public health nurse, medical social worker or physician at the local level.

In addition to the medical personnel required for the project, the Department of Health will hire up to two full-time EPSDT coordinators to assist the local agencies in organizing and implementing the program and who will be responsible for the case management activities in areas without an organized health department. A full-time administrative assistant will be responsible for handling all financial and administrative aspects of the subcontracts.

At the State level, the role of the outreach worker and the functions to be performed will be supervised by the project director, who will be a physician. Necessary training materials

and programs will be developed by a pediatric nurse practitioner who will also supervise all training activities of outreach workers and local supervisors.

Specific Role of Outreach Worker

Each outreach worker will be assigned a number of families to be contacted and to be made fully aware of the total services available. The steps to be followed are described below and on the flow chart in Attachment 2.

Step #1:

The outreach worker will attempt to reach the family by phone; in the event this is not possible, face-to-face interview will be done in the home.

Step #2:

The EPSDT Program will be explained and the value of preventive health services emphasized. The worker will determine whether the person eligible for the program has obtained equivalent screening prior to becoming eligible for the program or is presently receiving equivalent or partially equivalent care. This will require a mini-medical history inventory.

Step #3:

Assistance in obtaining screening services will be offered to the eligible family. If offer of assistance is declined, Outcome 3A on flow chart) case management obligation to the family has been satisfied and no further effort need be made until the renotification process (Social Service function). However, if this family does seek out EPSDT services on its

own and an abnormality is reported on the screening report, billing from this information will be forwarded to the outreach person for followup. (Situation 3D(1)). This situation would be managed the same as Step 8 to be described later. If the recipient accepts the case manager's offer of assistance, then the activities required are:

Step #4:

Determine appropriate provider for needed services if a provider was not selected at initial intake. The local agency will assure free choice of provider to family, preferably the current provider when this is a Medicaid provider. (A current list of EPSDT providers will be furnished by the Department of Social Services.)

Step #5:

Identify barriers to obtaining screening services, such as lack of transportation, baby sitting, and offer assistance in overcoming these barriers.

Step #6:

Outreach person will offer assistance in arranging the appointment for EPSDT services directly with the selected provider. It is desirable that this appointment be within 60 days of eligibility but certainly within 60 days of this contact. The assistance offered may include assisting in completing special forms required by provider of service, e.g., medical history forms, or obtaining previous health records; e.g., immunization records, and current medical care identification.

Step #7:

Assist in removal of obstacles to receiving screening services, such as utilization of community resources or referral to Social Service. If requested, make appointment with selected provider; call family back to inform them of the arrangements made.

Step #8:

The day after the scheduled screening the case manager will contact the provider or the family to determine if the appointment was kept and if any problems were identified for which followup would be required. If at Step 8 the case manager discovers that the screening appointment was not kept, then efforts will be made to determine why the appointment was not kept. Again, if transportation or day care problems are identified, the worker will try to identify community resources to solve these problems. If none are available, then a social service referral will be necessary. If the second appointment is not kept, the State EPSDT agency no longer has any case management responsibilities to the family until the renotification process occurs. (This is a Social Service function.) Again, the exception in Step 3 applies here for individual recipients who receive screening exams independent of the State EPSDT agency and are reported as abnormal on the billing form.

Step #9:

If the appointment was kept (outcome 8B), the case manager will attempt to ascertain what procedures were done (e.g., vision, hearing, developmental, tine test, immunization

inventory) and if any of these procedures were to be repeated on another day or were interpreted to the parent as abnormal.

Step #10:

If followup or referral was recommended to the parent, the case manager will repeat Steps 3 through 7 for those families accepting assistance. In addition to the activities outlined in Steps 3 through 7, the worker may need to assist the family in selecting a new provider if the original provider cannot provide diagnosis and/or treatment. The worker will also need to ensure that screening results are shared with the referral provider.

Step #11:

The case manager will again contact the family the day after the scheduled followup or referral visit to determine if the appointment was kept and the outcome of the referral provider's assessment. If further followup will be required the worker will continue to provide the necessary assistance to ensure that followup care is provided.

If the case manager discovers on contacting the recipient that the followup or referral visit was not kept, efforts should be made to determine why the appointment was not kept and if necessary assistance should be offered for arranging transportation or day care services. If the second appointment is not kept, the State EPSDT agency has no further case management responsibilities to the family.

Step #12:

Periodicity: Once the family is familiar with the program,

has been screened and finished followup care, the family then enters the periodicity phase. Depending on the age of the patient he or she will need to be followed up at a later date to remind the family that a child is now due for further screening exams. This is best arranged through a tickler system which will remind the case manager that it is time to contact the family and proceed with Steps 3 through 7, ultimately Step 8, and possibly Steps 9, 10, and 11.

Estimated Number of Cases per Worker

Considering the steps just described, it is estimated that each outreach worker, in urban areas where most families can be reached by phone, could manage approximately 1000 cases per year. This estimation is based on the following estimated times and numbers of families to be contacted at each step.

	Est. Time Per Task (Minutes)	Est. No. Children per 1000	Total Time (Hrs)	Add'l Time for Face to Face (Hrs)
1. Initial Contact, Steps 1-6 Locate family Fully inform Determine Equivalency Offer assistance	25	1000		667
2. Provide Requested Assistance (Step 7) Call Provider Arrange support services Call family back or Send postcard.	20	500 (50%)*	167	
3. Document whether screening was done - assure results sent to primary care provider. (Steps 8-10)	10	1000	167	
a. Call families w/ broken appts. If face to face, add travel, 40 mins.	10	100**	17	66
b. Provide requested assistance.	20	100	33	
c. Document reappointment.	10	100	33	
d. Assure results sent to primary provider.	15	1000	250	
4. Call families needing further diagnosis & treatment. (If face to face, add another 40 min. travel (repeat.3-6)	15	400***	100	267
5. Arrange requested services. (Step 7.)	15	200	50	134
6. Document whether followup occurred. (repeat step 8)	10	200****	33	134
7. Broken appointments to take care of.	30	40	20	27
8. Further followup of Step 7.	10	40	7	27

*50% will require assistance
**20% with broken appointments
***40% of screened will require diagnosis and treatment.
****50% of children requiring diagnosis and treatment will want assistance.

If 25% of the 1000 recipients were less than 5 years of age, it is likely that on the average, they would require 1.5 return periodic visits during the year and if 50% of these wanted assistance, the time required for these 125 would require 25 minutes each (53 hours). To call the other 125 for reminders would require 10 minutes (22 hours). Each of these needs to be multiplied by

1.5 visits ..... 113 hours

Total time ..... 1407 hours (1.4 hrs/case)

Additional hours for face to face ... 1322 hours (1.3 hrs/case)

Total hours for face to face ..... 2729 hours (2.7 hrs/case)

A case manager will have 228 working days/year (13 holidays; 7 sick days; 12 days vacation). If a 7-hour day can be expected to be exclusively devoted to outreach contacts, then one outreach person will have 1596 hours productive time available for case management activities or in other words, the approximate number of hours estimated to manage 1140 cases (if telephone calls will suffice for all). If the outreach worker must make face-to-face contact, it is estimated that each worker can manage only 591 cases per year.

Estimated Number of Families to be Managed

Last year, 1976, there were 71,828 EPSDT eligible individuals in the State, including those who became eligible during the year and those who were previously eligible. Approximately 50% of those, or about 36,000 individuals participated in the EPSDT Program. Since in the past there has been little increase in

the number of families participating in the program (due to the large turn-over in cases) it is expected the minimum number of children to be managed in 1977 would be the same as 1976, or approximately 36,000. On the other hand, if participation substantially improved due to improved outreach and case management activities it is expected that the number of cases could reach a maximum of 61,000 or approximately 85% of all eligible families.

IMPACT OF PROPOSED CASE MANAGEMENT ACTIVITIES:

A. Impact on the Families:

Through case management, assistance is provided to eligible persons who are interested in the EPSDT program but do not know how to access services. The Health Department believes that better case management will result in more completed screenings among those wishing to have such services. Those families with health problems identified by the screening will have the benefit of followup management to facilitate further care.

B. Impact on the Providers:

If outreach and case management are effective, we anticipate the EPSDT program will be of benefit to providers. We predict that our case management activities will be of major assistance in decreasing broken appointments. We believe that screening is only justifiable if all who have problems are assured of access to treatment.

C. Impact on State Health Department:

The process of planning, implementing, coordinating and evaluating the case management component of this program as well as providing consultation and training to local health agencies interested in participating in screening is a time-consuming task. The first year of this program could take 15% of the Maternal and Child Health Director's time, 15% of the Administrative Officer's time, as well as 30% of a Child Health Nursing Consultant's time. In order to implement the program, salaries for the following State-level staff would be required: Up to 2 EPSDT service coordinators to train case managers to coordinate data collection and reporting, as well as trouble shooting; one full-time administrative assistant, and one secretary would be needed as support personnel. Job descriptions for each of these positions are included in Attachment 3.

D. Budget:to Case Monitor 53,000 Children:

Training materials for workers	$ 1,000	
Educational materials for patients	5,000	
Transportation for workers	86,000	
Case managers - 46 FTE		
Urban -	321,948	
Rural -	66,480	
Local Nursing Supervision	77,685	
	$558,113	$558,113

State Level Cost

Personnel Required:

Project Director (Dr. Jan McDaniel 15%)	4,954	
EPSDT Coordinator	20,000	
Statewide Area Trainer	12,600	
Secretary I-B	8,724	
Fringe PERA and Insurance	4,147	
Travel	6,200	
	$ 56,625	$ 56,625

Indirect

Flow through @ 2.06%	$ 11,497	
On site @ 22.42%	12,695	
	$ 24,192	$ 24,192
Total		$638,930

The Colorado Department of Health requests that for the first year, July 1, 1977 through June 30, 1978, the Colorado Department of Social Services reimburse actual

expenditures incurred for EPSDT case management. It may be possible to contract with Social Services on a per capita basis in subsequent years after one year's experience. The Department of Health further requests that some type of front-end loading, cash advance arrangement be agreed upon to alleviate start-up cash flow problems.

Local health departments and county commissioner groups will pay the majority of case managers and will, in turn, bill the Colorado Department of Health for reimbursement of their costs including travel and overhead. The Health Department will, in turn, bill the Department of Social Services for reimbursement of case managers' costs, local travel and overhead, costs of additional personnel required at the State level, supplies, travel, equipment, and indirect cost incurred.

Actual costs will be documented throughout the year and the budget adjusted accordingly. If this proposal is accepted, the activities proposed will be eligible for 75% Federal financial participation and costs to the Department of Social Services will be substantially less than the $250,000/quarter penalty for non-compliance.

ATTACHMENT 1

CHILD HEALTH CONFERENCES

In Child Health Conferences, children are seen at periodic intervals based on recommendations of the American Academy of Pediatrics. It is generally recommended that well children be seen six to nine times during the first year of life, two to four times the second year, one to two times the third, and annually the fourth and fifth years. Subsequently, annual to every three year complete histories, physical examinations and screenings are recommended throughout life.

Child Health Conferences provide continuous, coordinated preventive health care for children from birth to twenty-one years. The purposes are to: (1) Identify health problems at the earliest possible time and intervene. (2) Prevent health problems. (3) Promote the child's maximum development and optimal health. (4) Provide health education.

Child Health Conferences provided by Public Health agencies emphasize, though are not limited to, serving children of low income families, infants and preschoolers, and high risk children. Case-finding efforts are directed at reaching these populations. Agencies have been participating in the EPSDT (Early and Periodic Screening Diagnosis and Treatment) Program available to Medicaid-eligible children by integrating eligible children into Child Health Conferences and seeking to get families of all eligible children to take advantage of the services either through private or public resources. Visits to newborns within the first month constitute one method of case-finding. Families who choose to receive primary preventive care for their children from the Public Health agencies are asked to designate a family physician or clinic to whom the child in

need of diagnostic and treatment services will be referred. For those families who elect to utilize private or other medical resources or who are not eligible for CHC services due to local eligibility restrictions, sufficient counseling is offered when desired by the family to ensure that responsibility is assumed by someone for followup care in those cases when a health or developmental problem has been identified.

Child Health Conference services encompasse history, screening, physical examination (assessment); evaluation of data including input of parents, child and other interested persons when appropriate (analysis and plan); intervention and impact of services.

Specifically, child health services include:

- Performing and evaluating the results of screening procedures (or evaluating the results of procedures administered by others) for growth, development, sensory acuity, and screenable disease indicators (such as for anemia, diabetes, strep, and PKU. Judging the need for further investigation.

- Performing and recording the results of a complete physical examination of a child, judging signs and symptoms to be within or outside the limits of normal.

- Evaluating, interpreting, and determining the significance, seriousness, and relationships of the physical findings to conclude the degree of health or illness, risk factors, potential or actual health problems, and need for further investigation.

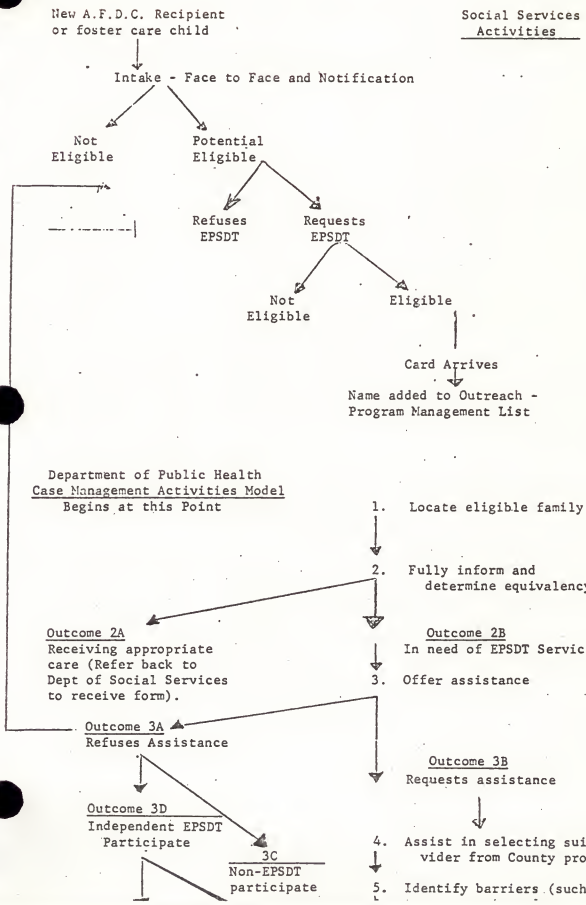
- Providing and/or recommending intervention based on evaluation, analysis, and interpretation of data collected through history taking, screening, and physical examination.

- Taking and recording a complete history and interim histories pertinent to the health of a child.

- Evaluating, interpreting, and determining the significance and relationships of the historical data to identify risk factors, potential or actual health problems, and need for further investigation.

ATTACHMENT 2

CASE MANAGEMENT FLOW DIAGRAM



Participate

3C
Non-EPSDT participate

vider from County provider list.

5. Identify barriers (such as transportation, day care)

6. Offer assistance in arranging appointment for screening svcs.

7. Assist to remove barriers with:
a. Dept of Social Services
b. Other community resources
c. Providers

3D (1)
Abnormal screening results rpt'd to Soc. Svcs

3D (2)
Normal screening. Results reported to Soc. Services.

8. Followup

Outcome 8A
Broken Appointment

(1) Determine Why

Outcome 8 (1A)
Refuses EPSDT Svcs

13

Outcome 8 (1B)
Needs Further Assistance

(2) Arrange 2nd app't

Outcome 8B
Kept Appointment

Outcome 8 (2A)
2nd Broken Appointment
(No further action neces

13

Outcome 8 (2B)
Kept Appointment

9. Ascertain
Screening done and Results

Outcome 9B
Abnormal Findings

Outcome 9A
No abnormal Findings

10C
Recipient Declines Assistance
(No further action necessary)

10
Assist Recipient -Repeat #3 through 7

10A
Assure that Screening results are forwarded to Primary Care Provider if other than Provider of Screening Services

11A
No further action necessary until next periodic exam.

11
Followup as shown in Step 8, however, done periodically to ensure recipient is receiving the treatment required

12
Notify Recipient of Next Periodic Screening Exam

SECTION V

APPENDIX H

PERFORMANCE CRITERIA AND REQUIREMENTS

COLORADO DEPARTMENT OF HEALTH
4210 E. 11TH AVENUE DENVER 80220 PHONE 388-6111
ANTHONY ROBBINS, M.D., M.P.A. EXECUTIVE DIRECTOR

Items to be included in the contract between the Colorado Department of Health and the Colorado Department of Social Services governing the implementation of the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program under Title XIX of the Social Security Act (Medicaid)

1. Outcomes and Measurable Performance Criteria and Requirements:

   Goals

   The Colorado Department of Health will work toward assuring that:

   (a) Ninety percent (90%) of all children in families that have indicated a desire to participate in the EPSDT program will be contacted by health department services personnel and be provided with information and asistance in obtaining and/or keeping an appointment for an EPSDT screening examination by the provider of the family's choice.

   (b) Ninety percent (90%) of all children who are referred for or require follow-up care (further diagnosis and/or treatment) will be assisted in obtaining that care within sixty (60) days of the screening service or as soon as possible.

   (c) Ninety percent (90%) of all children requiring a periodic EPSDT screening examination and whose families indicate a desire for such shall be assisted by health department services personnel in obtaining the service within sixty (60) days from the date of notification.

   (d) Further outcome and performance criteria can be required by the Department of Social Services before initiation of the contract, or by mutual agreement thereafter.

   Social Services requests that several experts in the community be asked to review and comment on all outcome and performance criteria developed.

2. Transportation will be arranged by each county health unit and reimbursed by the Medicaid program.

3. Written expectations of both the State Departments of Social Services and Health and the county departments of social services and health in terms of the actions and expectations of each one of those should be agreed upon. Social Services and Health, in concert, will also

draft standards for written agreements between county social services departments and county health departments for the interaction of the two on the EPSDT program.

For county social services departments:

(a) determination of eligibility for the program;

(b) initial notification to clients of services available; and

(c) notification to the local county health departments of all eligible children, including name, address, household number, birthdate and a list of those who on first offer refused service.

For county health departments:

(a) development of sufficient data on the outcome measures that are agreed upon so that social services may track what is happening within their program.

4. Social Services also requested that the State Health Department work with them on revision of EPSDT claim forms and EPSDT data analysis. They also asked that there be ties to the Handicapped Children's Program in terms of automatic referrals, follow-up, and some consideration as to parallel fees within the two programs.

5. Social Services will provide to Health current reports from BC/BS on the number of children who are screened; and if the Blue Cross and Blue Shield computer adds periodicity to their printout, this will also be sent to the Health Department. They will develop an eligible provider listing by county and submit it to county health departments, the State Health Department, and to county social services departments.

6. The State Social Services Department and the Health Department will convene regular meetings to discuss progress of the program.

7. The terms of the contract will include how much lead time is to be given to the State Health Department before payments can begin.

EDF/hc

SECTION V

APPENDIX I

IMPLEMENTING COLORADO EPSDT CASE MANAGEMENT

IMPLEMENTING COLORADO EPSDT CASE MANAGEMENT

Assumptions

1. 70,000 children are Medicaid-EPSDT eligible at any time
2. 35,000 children are actively receiving services at any time
3. Average duration on Medicaid-EPSDT = 24 months
4. 18,000 children enter and leave EPSDT each year
5. Current enrollees will be phased into new system over 12 months

Projection for DPH Phasing in of New and Old Eligibles

	NEW		OLD		TOTAL/MOS.	CUM. TOTAL
July	1,500	+	(2,500 - 104)	=	3,896	3,896
Aug	1,500	+	(2,500 - 208)	=	3,792	7,688
Sept	1,500	+	(2,500 - 312)	=	3,688	11,376
Oct	1,500	+	(2,500 - 416)	=	3,584	14,960
Nov	1,500	+	(2,500 - 520)	=	3,480	18,440
Dec	1,500	+	(2,500 - 624)	=	3,376	21,816
Jan	1,500	+	(2,500 - 728)	=	3,272	25,088
Feb	1,500	+	(2,500 - 832)	=	3,168	28,256
Mar	1,500	+	(2,500 - 936)	=	3,064	31,320
Apr	1,500	+	(2,500 - 1,040)	=	2,960	34,280
May	1,500	+	(2,841 - 1,158)	=	3,183	37,463
June	1,500	+	0	=	1,500	38,963
	18,000		20,963		38,963	

Total at end of first year = 38,963

REV. 3/1/77

PHASING IN CASE MANAGEMENT FOR CURRENT ELIGIBLES

Phase In Calculations

Formula:	Current Month Remaining # to be added	-	Original Remaining # / 12	+	Current Mo. Rem. #-2500 / 24	=	Subseq. Mo. Remaining #
July	35,000	-	(2,500	+	1,459)	=	31,041
Aug	21,041	-	(2,500	+	1,189)	=	27,352
Sept	27,352	-	(2,500	+	1,036)	=	23,816
Oct	23,816	-	(2,500	+	888)	=	20,428
Nov	20,428	-	(2,500	+	747)	=	17,181
Dec	17,181	-	(2,500	+	617)	=	14,064
Jan	14,064	-	(2,500	+	482)	=	11,082
Feb	11,082	-	(2,500	+	358)	=	8,224
Mar	8,224	-	(2,500	+	239)	=	5,485
Apr	5,485	-	(2,500	+	144)	=	2,841
May	2,841	-	2,841			=	0
Total	1st year		27,841		7,162		

Correction for Phased in Dropouts

Total old pts. at any time is = (2500 x mos.) - $(\frac{2500}{24}$ x mos) +

$(\frac{2500}{24}$ x mos. - 1) + $(\frac{2500}{24}$ x mos. - 2) + $\frac{2500}{24}$ x mos. - 3) + ...

(See below)

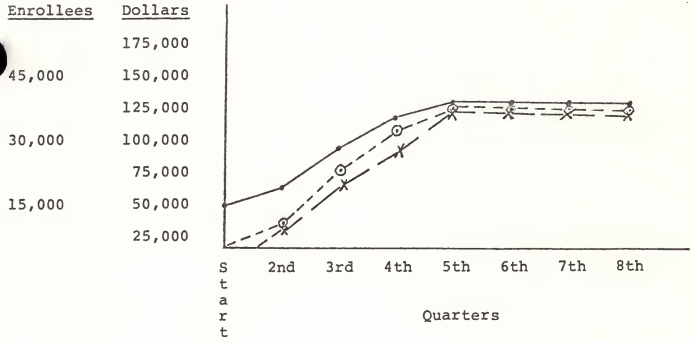
2,500	104	104	104	104	104	104	104	104	104	104	104
2,500	104	104	104	104	104	104	104	104	104	104	
2,500	104	104	104	104	104	104	104	104	104		
2,500	104	104	104	104	104	104	104	104			
2,500	104	104	104	104	104	104	104				
2,500	104	104	104	104	104	104					
2,500	104	104	104	104	104						
2,500	104	104	104	104							
2,500	104	104	104								
2,500	104	104									
2,841	118										
27,841	1,158	1,040	936	832	728	624	520	416	312	208	104

6,878

At end of 1st year total old eligibles actually under case management = 27,841 - 6,878 or 20,963.

OVERALL QUARTERLY CASH FLOW

	ADV	+	SURPLUS	-	SPEND	=	BALANCE
START	37,500	+	0	-	23,438	=	14,062
2nd Quarter	50,000	+	14,062	-	59,875	=	4,187
3rd Quarter	87,500	+	4,187	-	88,281	=	3,406
4th Quarter	115,000	+	3,406	-	117,500	=	Nil
5th Quarter	125,000	+	Nil	-	125,000	=	Nil
6th Quarter	125,000	+	Nil	-	125,000	=	Nil
7th Quarter	125,000	+	Nil	-	125,000	=	Nil
8th Quarter	125,000	+	Nil	-	125,000	=	Nil



Key:
SS Cash Flow
Phased into Case Management by DPH
Spend Rate by DPH

Table 1. Phasing in New and Present EPSDT Recipients into the Case Management System